

PLEASE COMPLETE AND RETURN BY MAY 2, 2016

OFFICE of EDUCATION SOUTHEASTERN  
CALIFORNIA CONFERENCE

INFORMATION FOR CHURCH SUBSIDIES  
2016-2017 School Year

Name of School: \_\_\_\_\_

Name of Constituent Church	OPERATING Subsidy	CAPITAL Subsidy	Total Annual Payment Due School
_____	_____	_____	_____
_____	_____	_____	_____
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\_\_\_\_\_  
Name of Person Completing This Report

\_\_\_\_\_  
Name of Person to Contact After July 1

\_\_\_\_\_ Telephone Number