

SOUTHEASTERN CALIFORNIA CONFERENCE BOARDING SCHOOL ENDOWMENT FUND

Up to 10% of Room, Board, and Fees

2nd Semester Application

(Application will be accepted between December 1 and April 1)



STUDENT INFORMATION

Student Name: _____

Address: _____
Street City State Zip

Birthdate: _____ Phone: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Address: _____
Street City State Zip



SCHOOL INFORMATION

School Year Applying For: _____

Name of School: _____

Grade Level: _____ Date 2nd Semester Begins: _____

Receiving Denominational Education Allowance: _____ Yes _____ No

Name of Church Holding Membership: _____

*****Please request the school to send our office a statement showing the cost (tuition, fees, room/board) per semester****

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

OFFICE OF EDUCATION USE ONLY

Total Cost of Tuition and Fees for One Semester (Including Room & Board): \$ _____

Less other Educational Allowance \$ - _____

Grant Amount: \$ _____

Signature of Superintendent of Schools _____ Date _____

Please return completed application to:
Southeastern California Conference Office
Cynthia.Garcia@seccsda.org
or mail to: P.O. Box 79990 * Riverside, CA 92513-1990
Questions? Please call (951) 509-2307