

# EDUCATIONAL SCHOLARSHIP BILLING FORM

## Southeastern California Conference of Seventh-day Adventists

P.O. Box 79990

Riverside, CA 92513

**Email:** Lori.Loribeer@seccsda.org

**This billing is for:**

1<sup>st</sup> Semester

Fall Quarter

2<sup>nd</sup> Semester

Winter Quarter

Summer School

Spring Quarter

Summer Quarter

**NOTE:**

We would appreciate you making requests for educational scholarships for denominational employees on this form. If not, please be sure your form has the same information on it as this form. This will assist us in identifying the students accurately. Thank you for your cooperation.

**Parent/Guardian Name:**

**Parent/Guardian Place of Employment**

**Father:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

| Student Name | Grade | Tuition and Fees Charged | 35% or 70% | Amount of Conference Subsidy | Conference Use Only |
|--------------|-------|--------------------------|------------|------------------------------|---------------------|
|              |       |                          |            |                              |                     |
|              |       |                          |            |                              |                     |
|              |       |                          |            |                              |                     |
|              |       |                          |            |                              |                     |
|              |       |                          |            |                              |                     |

**School Attending:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of School Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_