



Southeastern California Conference of Seventh-day Adventists®
Office of Education
K-12 LOW-INCOME SCHOLARSHIP – 2026-2027 SCHOOL YEAR

A FAMILY APPLICATION: To be completed and delivered to the school administrator, who will complete SECTION B.			B TO BE VERIFIED AND COMPLETED BY THE SCHOOL ADMINISTRATOR
ELIGIBILITY REQUIREMENTS • A family of a Seventh-day Adventist constituent church in SECC. • A copy of the 2025 Federal 1040 Tax Form must be included. • Adjusted Family Income is at or below \$50,434. (Line 3, Section A) Parent/Guardian: _____ Phone: _____ Last Name First Name Address: _____ Street City State Zip Name of church where membership is held for parent or guardian: _____ 1. Enter the Adjusted Gross Family (AGI) amount. Found on (1040 Line 11a, 1040A Line 21 of 2025 Return) \$ _____ 2. Multiply the number of dependent children listed on your income Tax return by \$3,900 and enter result here: (____ x \$3,900) \$ _____ 3. Subtract the amount on line 2 from line 1 and enter the result here. (Line 1 minus Line 2) \$ _____ Signed by: _____ Date: _____ Parent/Guardian Signature			This application is for the following Semester(s): ☐ 1ST Semester due by September 21, 2026 ☐ 2ND Semester due by February 1st, 2027 _____ Print Name _____ Principal or Business Manager Signature _____ Date Please submit this application along with the 2025 Federal 1040 Tax Form to: SECC Office of Education Attn: Alpha Islas at Alpha.Islas@seccsda.org.
Name of Student (List all children on Tax Return, including names of children not attending our schools.)	Grade (2026-2027 School Year; Age only if not in school)	School to Attend (N/A if not in school)	C SECC OFFICE USE ONLY Low-Income allocated for the 2026-2027 school year