Application for Educational BenefitsAs provided for in the Education Initiative Policy of the Seventh-day Adventist Church in Newfoundland and Labrador

I, hereby, am making application to r Newfoundland & Labrador Education day Adventist Church in Newfoundland	receive educational funding benefits as haven Initiative Policy as voted by the Board of and Labrador on May 27, 2012.	e been provided for in the Directors of the Seventh-
\square I am applying for my child	:	
	CHILD'S FULL NAME - Please I	Print
☐ I am applying for myself:		
	YOUR FULL NAME - Please Prin	nt
PERSONAL CONTACT INFO	RMATION	
NAME:		
	APPLICANT'S FULL NAME - Please Print	
ADDRESS:		
NUMBER	STREET	APT
CITY	PROVINCE	POSTAL CODE
PHONE:	EMAIL:	
I recognize that the availability of funding in the yearly operating but Labrador (initial here) I am requesting scholarships for the	funding provided for in this Policy is subdget of the Seventh-day Adventist Church following area(s) (PLEASE CHECK - More than or	oject to the availability of ch in Newfoundland and
☐ 2. Correspondence Studence Studence I as Distance Learning (u☐ 4. High School and College local church up to a market student stude	to 30% of costs to a maximum of \$1000.00 dy (up to 30% of costs to a maximum of \$ p to 30% of costs to a maximum of \$1000 lege Matching Scholarship (matching aximum of \$1000.00)*** tolarship (\$1000.00 Scholarship for attempt of learning)****	51000.00)** 0.00)** scholarship from
☐ 6. Adventist Bible Cour	r public school students taking an Adventi	
*** When funds are receive	based upon receipts submitted to the Mission office ed from the local church and confirmed by the Miss ing will be divided into two payments, half in Janua	sion office.
I submit this application for fund Adventist Church in Newfoundland a	ing under the Educational Initiative Pand Labrador.	olicy of the Seventh-day
FOR OFFICE USE ONLY		
Amount Approved:	Date Approved:	
☐ January Payment - Date:	☐ June Payment - Date:	