INSTRUCTIONS TO THE APPLICANT:

Scholarship awards are based on academic achievement, financial need, and community outreach. Specific amounts of scholarship awards vary from year to year and are dependent on the amount of funds available. Scholarships may be obtained only through your home division (the division in which you normally reside and where you hold citizenship). Students from outside the North American Division who have a green card may be processed in NAD. Those who have student visas must apply for scholarship in their home division.)

1. COMPLETING YOUR APPLICATION:
   - Answer each question completely.
   - The completed application must be in English.
   - Please type it, if possible.

2. FINANCIAL INFORMATION SHEET:
   - Fill out the Financial Information Sheet in its entirety. Use the back of the form for additional information. The more you show your financial need, the better your chances of receiving a scholarship. Your application will not be accepted without the information sheet.

3. RECOMMENDATION FORMS:
   - You must have three recommendations in English from individuals who are not related to you. They should be from someone representing your school, someone representing your church, or someone you have worked for.
   - Give each of your three references a Recommendation Form and ask them to send it to the union Women’s Ministries director of the union where your college of choice is located (see next page). (Be sure to type the union director’s name and address at the bottom of page two of each Recommendation Form.)

4. TRANSCRIPTS:
   - You must obtain your official transcript from the most recent school you have attended to include with your application.
   - Send the GPA (Grade Point Average) translated to American system (An A, B, or C grading system is acceptable.) Must be in English.

5. MAILING YOUR APPLICATION:
   - After school has started, mail your completed application (including transcripts and Financial Information Sheet) to the union Women’s Ministries director in the union in which you will be attending school (see list on next page) before September 30.

6. SCHOLARSHIPS ARE AWARDED: Second Semester of the current school year.
UNION CONFERENCE WOMEN’S MINISTRIES DIRECTORS OF THE NORTH AMERICAN DIVISION

For Andrews University, send application to:
Barbara Livesay
Lake Union Conference of Seventh-day Adventists
P.O. Box 287 | Berrien Springs MI 49103
269-473-8247
269-473-8209 (fax)
Barbara.Livesay@lakeunion.org

For Atlantic Union College, send application to:
Dr Lois King, Director
Women’s Ministries
Atlantic Union Conference of Seventh-day Adventists
400 Main Street
P O Box 1189
South Lancaster MA 01561
978-368-8333 Ext 3014
lking@atlanticunion.org

For Canadian University College, send application to:
Joan Rogers, Director
Ontario Conference
1110 King Street East
Ontario L1H 1H8
CANADA
905-571-1002 Ext 203
jrogers@adventistontario.org

For Washington Adventist University or Kettering College of Medical Arts, send application to:
Shirley Benton
812 Riva Ridge Blvd.
Gahanna, OH 43230-1804
614-775-9540
614-252-3246 (fax)
srbenton2@aol.com

For La Sierra University
Loma Linda University
Pacific Union College,
send application to:
Dorothy Means
4650 Sepulveda Blvd. #106
Sherman Oaks, CA 91403
818-990-9786
805-495-2644 (Conf. fax)
dot.mns@sbcglobal.net

For Oakwood University
Southern Adventist University
Florida Hospital College,
send application to:
Laura Smith
106 Elm Drive
Montgomery, AL 36117
334-272-5417 (phone & fax)
benlausm@aol.com

For Southwestern Adventist University, send application to:
Carmen F. Griffith
400 Rock Meadow Tr.
Mansfield, TX 76063
817-721-8906
carmengriffith4748@yahoo.com

For Union College, send application to:
Nancy Buxton
5030 Eagle Ridge Road
Lincoln, NE 68516
402-328-0042 (phone & fax)
nancybee47@yahoo.com

For Walla Walla University, send application to:
Sue Patzer
5709 N. 20th St
Ridgefield, WA 98642
360-857-7031
360-857-7131 (fax)
sue.patzer@nw.npuc.org
(Please type your answers if possible.) Send this completed application with your most recent transcript and the financial information sheet to the union Women’s Ministries director before the deadline date (see cover page). If you need extra space to answer any question, write on a separate sheet of paper.

1. __________________________  __________________________  __________________________  __________________________
   Family Name       First Name       Middle Name       Phone

2.  Address __________________________________________________________

   E-mail ____________________________________________________________


4b. If not citizen of US, Canada, or Bermuda, what kind of visa do you have? (check one)
   ____ green card ____ student visa ____ other (please specify)

5.  Home Church (Church name, city, state, website address) __________________________

6.  Conference __________________________  7. Date of Baptism __________________________

8.  Birth date __________________________  9. Marital Status __________________________

10. Your major area of study __________________________

11. Name of Adventist School you are currently enrolled in __________________________

12. Are you a part-time ____ or full-time ____ student? No. Credit hrs enrolled this year:_____

13. Classification:  ____ Freshman  ____ Sophomore  ____ Junior  ____ Senior  ____ Graduate student

14. List your college education to date. Start with your most recent education, and list in order.

   School and City                    From (month/year) To (month/year)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

15. Why did you choose this area of study and how do you plan to use it to achieve your goals?
   ___________________________________________________________________
   ___________________________________________________________________
16. How many years of full-time school work do you need to graduate? _____________________________

17. List your work experience. Start with your most recent job and list in order.

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Name/Address of Employer</th>
<th>From (mo/yr) To (mo/yr)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Please share your conversion experience and tell why you feel it was an important or meaningful experience in your life.

19. What or who has influenced you most in your life? Why?

20. Have you received any special honors, recognition or awards? Please list:

21. List any programs or projects in which you have been involved; please tell how you participated or what leadership roles you had:
   a) in your church
   b) in school
c) in the community

22. List your special talents, interests, and hobbies (such as bilingual abilities, musical talents, public speaking, writing, etc.):

23. I, ______________________________________________________, agree to the following conditions for acceptance of a scholarship from the North American Division Women’s Ministries Scholarship Fund to attend (school) __________________________________ for the school year_______.

**Scholarship Agreement**

1. I promise to uphold the beliefs of the Seventh-day Adventist Church through my speech and behavior, and to work for the soon coming of Christ.
2. I will maintain a grade-point average of at least 3.0.
3. I promise to seek opportunities to serve God and humanity in my church and school.
4. I will provide a written report of my school progress and church related activities to the North American Division Women’s Ministries Director.
5. I understand that this scholarship will not cover all my tuition needs. It is not a loan.
6. I understand that there is no guarantee of church employment upon completion of my education.

Signed____________________________________________________  Date __________________________
FINANCIAL INFORMATION SHEET
North American Division Women’s Ministries

**Note:** This form must be filled out completely.

1. Name: __________________________

2. List annual income:  
   *Personal income:*  
   **Family income:**  
   - Less than $20,000  
   - $20,000-35,000  
   - $35,000-50,000  
   - $50,000-65,000  
   - Over $65,000

   *This includes: alimony received, income from summer employment and during the school year, financial support for housing, vehicle, tuition, etc., monetary gifts from family, church, etc.

   **This includes: parents or, if married, joint income from both spouses

3. List amount of financial help received from family and/or sponsors (not counting grants or scholarships):

   ____________________________________________________________________

4. If married, is your husband employed full-time? ___ Yes ___ No

5. How many dependents do you have besides yourself? _____Relationship to you_____

6. If single, list number of siblings currently enrolled in SDA/private school K-16: __________

7. Average number of your work hours per week in the last six months: _________________

8. Number of hours you will be working weekly during the school year: _______________

9. If not working, why not? __________________________________________________________

10. Did you receive financial aid from the employer of your parent/guardian/husband?  
    ___ Yes ___ No  
    If Yes, how much? ________________________

11. FINANCIAL AID: List ALL financial aid received for your college or graduate studies:

    | Gifts/Grants and Scholarships | Student Loans |
    |-------------------------------|---------------|
    | Source                        | Amount        | Source | Amount |
    | ____________________________________________________________________________|
    | ____________________________________________________________________________|
    | ____________________________________________________________________________|
    | ____________________________________________________________________________|

12. What is the total balance of all student loans you have received during your college or graduate studies? ________________________

13. How does this break down in current monthly payments?  
    $________ per month until ___________ OR No payment until graduation ______

14. ADDITIONAL COMMENTS: Please use the other side of this page for additional comments about your financial need as it pertains to this scholarship. Your application will not be considered without it.
NORTH AMERICAN DIVISION
WOMEN’S MINISTRIES SCHOLARSHIP PROGRAM

RECOMMENDATION FORM
Must be filled out in English
(First three lines to be filled out by applicant)

Name of Applicant

Name of Union Women’s Ministries
Director

Address where application should be sent

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

3. What contribution has she made in school, work and/or church?

4. How well does she work with others?
5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): ____________________________________________________________
Home Address: ________________________________________________________________________
Email: _____________________________________________________________________________
HomePhone: __________________________________________________________________________
Job Title: _____________________________________________________________________________
Employer: ____________________________________________________________________________
Employer’s Address: _____________________________________________________________________
_____________________________________________________________________________________

Signature ___________________________________________ Date ______________________________

This recommendation form should be sent directly to the Union Women’s Ministries Director at the
address given above. DO NOT send it back to the applicant.
Women’s Ministries Scholarship Application

NORTH AMERICAN DIVISION
WOMEN’S MINISTRIES SCHOLARSHIP PROGRAM

RECOMMENDATION FORM
Must be filled out in English
(First three lines to be filled out by applicant)

Name of Applicant____________________________________________________________

Name of Union Women’s Ministries Director_____________________________________________________________________

Address where application should be sent________________________________________
____________________________________________________________________________________

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

3. What contribution has she made in school, work and/or church?

4. How well does she work with others?
5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): __________________________________________
Home Address: ______________________________________________________
Email: ____________________________
HomePhone: ____________________________
Job Title: ____________________________
Employer: ____________________________
Employer’s Address: __________________________________________________

Signature ____________________________ Date ____________________________

This recommendation form should be sent directly to the Union Women’s Ministries Director at the address given above. DO NOT send it back to the applicant.
Name of Applicant____________________________________________________________

Name of Union Women’s Ministries
Director____________________________________________________________

Address where application should be sent________________________________________
____________________________________________________________________________________

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

3. What contribution has she made in school, work and/or church?

4. How well does she work with others?
5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): __________________________________________________________
Home Address: _________________________________________________________________
Email: ______________________________________________________________________
HomePhone: _____________________________________________________________________
Job Title: _____________________________________________________________________
Employer: _____________________________________________________________________
Employer’s Address: _____________________________________________________________
_____________________________________________________________________________

Signature ___________________________ Date __________________________

This recommendation form should be sent directly to the Union Women’s Ministries Director at the address given above. DO NOT send it back to the applicant.