

SCHOLARSHIP APPLICATION

STUDENT INFORMATION: SECTION A

NAME:

FIRST

MIDDLE

LAST

PHONE:

EMAIL:

ADDRESS:

STREET ADDRESS

CITY

STATE / PROVINCE / REGION

ZIP / POSTAL CODE

COUNTRY

LAST 4 SSN:

DATE OF BIRTH:

THE STUDENT IS:

- A U.S. CITIZEN
- A NON-CITIZEN OF THE U.S.
- ON A STUDENT VISA

THE STUDENT'S UPCOMING YEAR IN COLLEGE WILL BE:

- FRESHMEN - 1ST YEAR
- SOPHOMORE - 2ND YEAR
- JUNIOR - 3RD YEAR
- SENIOR - 4TH YEAR
- UNDERGRADUATE - 5TH YEAR

WHERE WILL THE STUDENT BE ATTENDING SCHOOL FOR THE NEXT SCHOOL YEAR?

PLEASE LIST NAME OF SCHOOL, ADDRESS, GPA, ETC

IN WHAT MAJOR/PROGRAM WILL THE STUDENT SPECIFICALLY BE INVOLVED?

PLEASE LIST NAME OF SCHOOL, ADDRESS, GPA, ETC

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STUDENT INFORMATION: SECTION A (CONTINUED)

THE STUDENT IS CURRENTLY:

- UNMARRIED (SINGLE, DIVORCED, WIDOWED)
- MARRIED
- SEPARATED

HOW MANY DEPENDENT CHILDREN DOES THE STUDENT HAVE? (IF APPLICABLE)

IS THE STUDENT A VETERAN OF THE U.S ARMED FORCES?

Please List Rank(s), time in service, list any honors

INDICATE BELOW ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU THINK IS RELEVANT TO HELPING THE COMMITTEE TO UNDERSTAND ANY SPECIAL PERSONAL INFORMATION THAT WAS NOT ASKED IN ITEMS 1-13:

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STUDENT INFORMATION: SECTION B

DESCRIBE YOUR REASONS FOR WANTING TO ATTEND COLLEGE OR GRADUATE SCHOOL:

WHY DO YOU WANT TO PURSUE A SEVENTH-DAY ADVENTIST EDUCATION?

DESCRIBE YOUR PROFESSIONAL LIFE GOALS AND OBJECTIVES:

INCLUDE BELOW ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU THINK IS RELEVANT TO HELPING THE COMMITTEE UNDERSTAND YOUR EDUCATIONAL AND LIFE GOALS:

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STUDENT INFORMATION: SECTION B CONTINUED

LIST THE EXTRA-CURRICULAR AREAS IN WHICH YOU HAVE BEEN INVOLVED IN EITHER IN HIGH SCHOOL, COLLEGE, CHURCH OR COMMUNITY. DESCRIBE THE ACTIVITY AND INCLUDE THE YEAR(S) YOU WERE INVOLVED:

HIGH SCHOOL:

PLEASE INCLUDE: NAME OF AWARD, DESCRIPTION OF ACHIEVEMENT, AWARDED BY. ETC.

COLLEGE:

PLEASE INCLUDE: NAME OF AWARD, DESCRIPTION OF ACHIEVEMENT, AWARDED BY. ETC.

HONORS OR AWARD:

PLEASE INCLUDE: NAME OF AWARD, DESCRIPTION OF ACHIEVEMENT, AWARDED BY. ETC.

LIST YOUR CUMULATIVE GPA FOR:

HIGH SCHOOL:

PLEASE INCLUDE: SCHOOL NAME, ADDRESS AND PHONE NUMBER.

COLLEGE:

PLEASE INCLUDE: SCHOOL NAME, ADDRESS AND PHONE NUMBER.

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HOUSEHOLD INFORMATION: SECTION A (PARENTS)

FATHER'S NAME:

FIRST

LAST

MARITAL STATUS:

LAST 4 SSN:

PERMANENT ADDRESS:

CITY, STATE, ZIP:

MOTHER'S NAME:

FIRST

LAST

MARITAL STATUS:

LAST 4 SSN:

PERMANENT ADDRESS:

CITY, STATE, ZIP:

TOTAL SIZE OF THE PARENTS' HOUSEHOLD IS:

THIS INCLUDES THE STUDENT EVEN IF HE/SHE DOES NOT LIVE AT HOME. IT ALSO INCLUDES PARENTS AND OTHER DEPENDENT CHILDREN OR ANY OTHER PERSON WHO IS CLAIMED AS A DEPENDENT ON THE PARENTS INCOME TAX FORM.

FATHER'S EMPLOYMENT INFORMATION

FULL NAME OF EMPLOYER:

STREET ADDRESS:

CITY, STATE, ZIP:

OCCUPATION:

PART OF COMPANY PENSION PLAN?

YEARS WITH CURRENT EMPLOYER:

MOTHER'S EMPLOYMENT INFORMATION

FULL NAME OF EMPLOYER:

STREET ADDRESS:

CITY, STATE, ZIP:

OCCUPATION:

PART OF COMPANY PENSION PLAN?

YEARS WITH CURRENT EMPLOYER:

SCHOLARSHIP APPLICATION

HOUSEHOLD INFORMATION: SECTION B

STUDENT AND SPOUSE'S FULL NAMES:

NAME OF STUDENT:

FIRST

MIDDLE

LAST

NAME OF SPOUSE: (IF APPLICABLE)

FIRST

MIDDLE

LAST

TOTAL SIZE OF THE STUDENT'S HOUSEHOLD IS:

THIS INCLUDES THE STUDENT, STUDENT'S SPOUSE, AND DEPENDENT CHILDREN AS WELL AS ANY OTHER PERSON THAT IS CLAIMED AS A DEPENDENT ON THE STUDENTS INCOME TAX FORMS.

STUDENT'S EMPLOYMENT INFORMATION

(IF NOT CURRENTLY EMPLOYED, ENTER NONE.)

FULL NAME OF EMPLOYER:

FIRST

LAST

STREET ADDRESS:

CITY, STATE, ZIP:

OCCUPATION / JOB DESCRIPTION:

LENGTH OF EMPLOYMENT:

WILL THE STUDENT BE WORKING FOR THE EMPLOYER WHILE ATTENDING SCHOOL?

 YES NO

WILL THIS BE A PERMANENT JOB?

IF YES, HOW MANY HOURS PER WEEK WILL YOU WORK?

INDICATE ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU THINK IS RELEVANT TO HELPING THE COMMITTEE UNDERSTAND ANY BETTER YOUR HOUSEHOLD AND / OR WORK SITUATION WHILE YOU ARE GOING TO SCHOOL:

SCHOLARSHIP APPLICATION

HOUSEHOLD INFORMATION: SECTION B (CONTINUED)

SPOUSE'S EMPLOYMENT INFORMATION (IF NOT CURRENTLY EMPLOYED, ENTER NONE.)

FULL NAME OF EMPLOYER:

STREET ADDRESS:

CITY, STATE, ZIP:

OCCUPATION / JOB DESCRIPTION:

LENGTH OF EMPLOYMENT:

WILL THE STUDENT BE WORKING FOR THE EMPLOYER WHILE ATTENDING SCHOOL?

- YES
 NO

WILL THIS BE A PERMANENT JOB?

IF YES, HOW MANY HOURS PER WEEK WILL YOU WORK?

INDICATE ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU THINK IS RELEVANT TO HELPING THE COMMITTEE UNDERSTAND ANY BETTER YOUR HOUSEHOLD AND / OR WORK SITUATION WHILE YOU ARE GOING TO SCHOOL:

SCHOLARSHIP APPLICATION

INCOME AND EXPENSE INFORMATION: SECTION A

MOTHER – FATHER PERSONAL INCOME COMBINED

LAST YEAR'S ADJUSTED GROSS INCOME ON IRS FORM 1040-LINE 33; OR 1040A-LINE 18:

UNTAXED INCOME BENEFITS:

SOCIAL SECURITY BENEFITS:

AID TO FAMILY / DEPENDENT CHILDREN:

VETERANS EDUCATIONAL BENEFITS:

GRANTS, SCHOLARSHIPS, DENOMINATIONAL TUITION ASSISTANCE, AND OTHER AID ALREADY AWARDED:

PLEASE INCLUDE: NAME OF AWARD, DESCRIPTION OF ACHIEVEMENT, AWARDED BY. ETC.

SUPPORT FROM RELATIVES, FRIENDS, ETC:

PLEASE INCLUDE NAME OF RELATIVES AND AMOUNT OF SUPPORT BEING GIVEN.

INCOME AND EXPENSE INFORMATION: SECTION A

STUDENT / SPOUSE PERSONAL INCOME COMBINED

LAST YEAR'S ADJUSTED GROSS INCOME ON IRS FORM 1040-LINE 33; OR 1040A-LINE 18:

UNTAXED INCOME BENEFITS:

SOCIAL SECURITY BENEFITS:

AID TO FAMILY / DEPENDENT CHILDREN:

VETERANS EDUCATIONAL BENEFITS:

GRANTS, SCHOLARSHIPS, DENOMINATIONAL TUITION ASSISTANCE, AND OTHER AID ALREADY AWARDED:

PLEASE INCLUDE: NAME OF AWARD, DESCRIPTION OF ACHIEVEMENT, AWARDED BY. ETC.

SUPPORT FROM RELATIVES, FRIENDS, ETC:

PLEASE INCLUDE NAME OF RELATIVES AND AMOUNT OF SUPPORT BEING GIVEN.

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INCOME AND EXPENSE INFORMATION: SECTION B

PERSONAL ASSETS

CURRENT CASH, SAVINGS, CHECKING (VALUE):

CURRENT CASH, SAVINGS, CHECKING (OWING):

HOME VALUE AMOUNT (RENTERS ENTER ZERO):

HOME VALUE OWING (RENTERS ENTER ZERO):

OTHER REAL ESTATE / INVESTMENTS (VALUE):

OTHER REAL ESTATE / INVESTMENTS (OWING):

BUSINESS AND FARMS (VALUE):

BUSINESS AND FARMS (OWING):

INCOME AND EXPENSE INFORMATION: SECTION C

PARENTS PERSONAL EXPENSES

MEDICAL AND DENTAL EXPENSES NOT COVERED BY INSURANCE?

TUITION EXPENSES (ELEMENTARY, HIGH SCHOOL, BY COLLEGE):

MORTGAGE PAYMENT (PER MONTH):

RENT PAYMENT (PER MONTH):

SECOND MORTGAGE PAYMENTS:

CAR PAYMENTS:

CREDIT CARD DEBTS: LIST NAMES OF CREDIT CARDS AND AMOUNT

BANK LOANS / CREDIT UNION: LIST NAMES OF LENDERS AND AMOUNT

MISCELLANEOUS (FURNITURE, ECT.):

PENSION CONTRIBUTION:

INCLUDE ANY UNUSUAL EXPENSES, EDUCATIONAL AND OTHER DEBTS, OR SPECIAL CIRCUMSTANCES THAT YOU THINK ARE RELEVANT TO HELPING THE ARCHIE TONGE EDUCATION FUND COMMITTEE UNDERSTAND YOUR INCOME AND EXPENSE INFORMATION:

SCHOLARSHIP APPLICATION

INCOME AND EXPENSE INFORMATION: SECTION C

STUDENT / SPOUSE PERSONAL EXPENSES**MEDICAL AND DENTAL EXPENSES NOT COVERED BY INSURANCE?****TUITION EXPENSES (ELEMENTARY, HIGH SCHOOL, BY COLLEGE):****MORTGAGE PAYMENT (PER MONTH):****RENT PAYMENT (PER MONTH):****SECOND MORTGAGE PAYMENTS:****CAR PAYMENTS:****CREDIT CARD DEBTS:** LIST NAMES OF CREDIT CARDS AND AMOUNT**BANK LOANS / CREDIT UNION:** INPUT NAME OF LENDER AND AMOUNT LOANED.**MISCELLANEOUS (FURNITURE, ECT.):****PENSION CONTRIBUTION:****INCLUDE ANY UNUSUAL EXPENSES, EDUCATIONAL AND OTHER DEBTS, OR SPECIAL CIRCUMSTANCES THAT YOU THINK ARE RELEVANT TO HELPING THE ARCHIE TONGE EDUCATION FUND COMMITTEE UNDERSTAND YOUR INCOME AND EXPENSE INFORMATION:**

SCHOLARSHIP APPLICATION

OTHER INFORMATION NEEDED

IN ADDITION TO INCOME AND EXPENSE INFORMATION, SECTION A, 6B., PLEASE LIST OTHER SOURCES TO WHICH YOU HAVE MADE APPLICATION FOR FINANCIAL AID:

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

PLEASE SELECT ONE:

- I WAIVE
- I DO NOT WAIVE

THE RIGHT TO EXAMINE THE MATERIALS NECESSARY FOR EVALUATION OF THIS STUDENT APPLICATION. THIS INCLUDES THE APPLICATION, JOB REFERENCES LETTERS, SCHOOL RECORDS, AND ANY OTHER ITEMS NECESSARY FOR THE ABOVE-MENTIONED EVALUATION. ALL MATERIALS ON FILE FOR THE EVALUATION OF THIS STUDENT APPLICATION WILL BECOME THE EXCLUSIVE PROPERTY OF THE ARCHIE TONGE EDUCATION FUND. IF CHOOSE NOT TO WAIVER MAY HAVE AN IMPACT ON SCHOLARSHIP APPROVAL.

STUDENT'S SIGNATURE _____

SCHOLARSHIP APPLICATION

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information on this form. I realize that this proof may include a copy of my current federal, state or local income tax return. I also realize that if I don't give proof when asked, the student may not get aid.

I (we) authorize release of my (our) student records including, but not limited to, grades, and scholarship information. I (we) have provided (will provide) information concerning my (our) financial circumstances between institutions, public and private agencies and the Archie Tonge Education Fund.

STUDENT SIGNATURE _____

SPOUSE'S SIGNATURE _____

FATHER'S SIGNATURE _____

MOTHER'S SIGNATURE _____

DATE OF APPLICATION _____