



## Arkansas-Louisiana Conference of Seventh-day Adventists

### Application for Education Allowance/Scholarship Grant

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your spouse employed by a Seventh-day Adventist organization?  Yes  No

If yes, name of organization: \_\_\_\_\_

Is the student a constituent member of the school?  Yes  No

Please list your unmarried dependent children who will be in a Seventh-day Adventist school on the elementary, secondary (in the Arkansas-Louisiana Conference), or college level and are eligible for the regular scholarship grant. Arkansas-Louisiana policy stipulates that the scholarship grants be paid directly to the school that your child is attending.

Your scholarship grant cannot be paid until this form with a photocopy of rate documentation from the school is returned to the Arkansas-Louisiana Payroll office.

| Student's Name | Date of Birth | Age | School | Grade | Dorm or Off Campus | Yearly Tuition |
|----------------|---------------|-----|--------|-------|--------------------|----------------|
|                |               |     |        |       |                    |                |
|                |               |     |        |       |                    |                |
|                |               |     |        |       |                    |                |
|                |               |     |        |       |                    |                |
|                |               |     |        |       |                    |                |

I understand that I will be liable for applicable payroll taxes.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return this form to Payroll.**

Please keep a copy of this form for your personal records.