TUITION ASSISTANCE REQUEST
SOUTHERN CALIFORNIA CONFERENCE OF SDA
School Year 2019-2020

According to the Southern California Conference Tuition Assistance Policy, employees, if eligible, may apply for grants for their unmarried, dependent children who are full time students at a Seventh-day Adventist school. In harmony with this policy, I would like to apply for this Tuition Assistance for the following dependents.

_____
Employee Last Name, First Name

_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending
_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending
_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending
_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending
_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending
_____	_____	____	_____	[ ]	[ ]	_____
Student Name	Date of Birth	Age	Grade	Day	Dorm	School Attending

Spouse Information:

Is spouse employed by the denomination? [ ] Yes Institution name: _____

[ ] No Position Held: _____

Agreement:

I agree to accept all responsibility to notify the conference in case any of the above information changes.

_____	_____	_____
Date	Print Employee Name	Position Held
	_____	_____
	Employee's Signature	Church/School Name

Please return this completed form no later than August 12, 2019 to:

Email is preferred

Southern California Conference
Accounting Department
P.O. Box 969
Glendale, CA 91209-0969

Payment will not be made until a completed form is on file at the conference office.

Please contact Robin Smith with any questions:
Email – rsmith@sccsda.org
Phone – (818) 546-8470 | Fax – (818) 546-8447