

# Ethnic Scholarship Application

Southeastern California Conference  
Black Ministries Department  
P.O. Box 79990  
Riverside, CA 92513-1990

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**APPLICANT INFORMATION:**

*Please Print Legibly*

Student's Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

☐ Elementary/Academy (Grades K – 12): \_\_\_\_\_

☐ College or University (*Undergrad Only*): \_\_\_\_\_

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**SCHOLARSHIP INFORMATION:**

Amount Approved by the Local Church: \$ \_\_\_\_\_

Name of Church: \_\_\_\_\_

Signature of Education Chairperson or Pastor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

- The Ethnic Scholarship is also known as the Minority Scholarship.
- Students must be enrolled in a Seventh-day Adventist academy (grades 9-12) or college/university.
- Students must be considered worthy of financial assistance. The amount requested must be approved by the church education committee or person responsible for approving the Ethnic Scholarship Application.
- Applications must have two (2) signatures: (1) church education chairperson or pastor and (2) church treasurer.
- The Ethnic Scholarship cannot be used as the church or conference portion of the Three-Way Scholarship or for other assistance the church is expected to pay.
- Denominational employees and their families are not eligible to receive this scholarship as they receive financial assistance through their employer.
- Mail the application to the SECC Black Ministries Department; P.O. Box 79990, Riverside, CA 92513-1990.

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**CONFERENCE USE:**

Amount Approved: \$ _____	GL No. 1-383-63- _____
Black Ministries Vice President: _____	
Date Received: ____/____/____	