

EDUCATIONAL SCHOLARSHIP BILLING FORM

To Be Completed by Educational Institution Only

Southeastern California Conference of Seventh-Day Adventist
P.O. Box 79990
Riverside, CA 92513

NOTE: We would appreciate you making requests for educational scholarships for denominational employees on this form. If not, please be sure your form has the same information on it as this form. This will assist us in identifying the students accurately. Thank you for your cooperation.

Parent's Name

Parent's Place of Employment

Father: _____

Father: _____

Mother: _____

Mother: _____

Student Name	Grade	Tuition and Fees Charged	35% or 70%	Amount of Conference Subsidy	Conference Use Only

This billing is for: 1st Semester

 2nd Semester

 Summer School

Fall Quarter

Winter Quarter

Spring Quarter

Summer Quarter

School Attending: _____

Name of School Official: _____

Date: _____