

**The Arizona Conference of Seventh-day Adventists  
Black Ministries Educational Scholarship Application**

School Year 2022-2023

Application Deadline:

**Scholarship Criteria**

- Student or Parents must be a member of a Black Ministries Church (*Qualified Churches listed on pg. 2*)
- Student must be a legal resident of the United States
- Student must submit an official transcript from the attending institution or previously attended institution
- Students must remain enrolled for the duration of the school year
- Student must maintain a minimum of 2.5 GPA or a C plus average
- Student enrolled maintains required credits for graduation
- Not previously terminated from a scholarship program
- Determination of exceptional circumstances shall be at the discretion of the Education Scholarship Committee or other assigned committees

*Please complete one application per applicant.*

**Scholar Information**

Student Name \_\_\_\_\_ Age \_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**School Information**

School Attending \_\_\_\_\_  
Student ID Number \_\_\_\_\_ Academic Level:  Elementary  Academy  College  University  
Grade Level (*If applicable*): \_\_\_\_\_ Monthly Tuition: \$\_\_\_\_\_.\_\_\_\_ Annual Registration fee: \$\_\_\_\_\_.\_\_\_\_

**Parent Information**

Father/ Legal Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mother/ Legal Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email \_\_\_\_\_

**Financial Information**

Parent Contribution: \$\_\_\_\_\_.\_\_\_\_\_ Student Contribution: \$\_\_\_\_\_.\_\_\_\_\_ School Contribution: \$\_\_\_\_\_.\_\_\_\_\_

Other Contribution: \$\_\_\_\_\_.\_\_\_\_\_

Please sign to verify this meeting

\_\_\_\_\_  
Father Name (Please Print) Signature Date

\_\_\_\_\_  
Mother Name (Please Print) Signature Date

\_\_\_\_\_  
Student Name (Please Print) Signature Date

\_\_\_\_\_  
Pastor Name (Please Print) Signature Date

**List of Qualified Churches**

- Bethel Haitian American Seventh-day Adventist Church
- Phoenix Beacon Light Seventh-day Adventist Church
- Phoenix South Mountain Seventh-day Adventist Church
- Tucson Maranatha Seventh-day Adventist Church
- Tucson Sharon Seventh-day Adventist Church

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**\*\*For Official Use ONLY\*\***

I certify that the above student is a member of the Arizona Conference of SDA and will receive a scholarship for the current school year 2022/2023 in the amount of \$\_\_\_\_\_.\_\_\_\_\_ per semester.

\_\_\_\_\_  
Kingsley O. Palmer Date

*Assistant to the President for Regional Ministries*