

# 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:    1<sup>st</sup> Semester   

                                  2<sup>nd</sup> Semester   

                                  Summer School   

Fall Quarter   

Winter Quarter   

Spring Quarter   

Summer Quarter   

School Attending: \_\_\_\_\_

Name of School Official: \_\_\_\_\_

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