



WOMEN'S MINISTRIES

Seventh-day Adventist Church
NORTH AMERICAN DIVISION

SCHOLARSHIP APPLICATION

INSTRUCTIONS TO THE APPLICANT:

Scholarship awards are based on academic achievement, financial need, and community outreach. Specific amounts of scholarship awards vary from year to year and are dependent on the amount of funds available. **Scholarships may be obtained *only* through your home division** (*the division in which you normally reside and where you hold citizenship*). Students from outside the North American Division who have a *green card* may be processed in NAD. Those who have *student visas* must apply for scholarship in their home division.

1. **COMPLETING YOUR APPLICATION:**

- Answer each question completely.
- The completed application must be in English.

2. **FINANCIAL INFORMATION SHEET:**

- Fill out the Financial Information Sheet in its entirety. The more you show your financial need, the better your chances of receiving a scholarship. **Your application will not be accepted without the financial information sheet.**

3. **REFERENCE FORMS:**

- You must have **three** references **from individuals who are not related to you**. They should be from someone representing your school, someone representing your church, or someone you have worked for.

Give each of your three references a **Reference Form** and **ask them to send it to the union Women's Ministries director of the union where your college of choice is located (see next page)**. (*Be sure to type the union director's name and address at the bottom of page two of each Reference Form.*)

4. **TRANSCRIPTS:**

- You must obtain your official transcript from the most recent school you have attended to include with your application.
- **You must have a GPA of at least 3.0.**

5. **MAILING YOUR APPLICATION:**

- After *school has started*, mail your completed application (including transcripts and Financial Information Sheet) to the union Women's Ministries director in the union in which you will be attending school (see list on next page) before **October 15**.

6. **SCHOLARSHIPS ARE AWARDED:** Second semester of the current school year.

UNION WOMEN'S MINISTRIES DIRECTORS

For **Andrews University**, send application to:

Women's Ministries

Lake Union Conference of Seventh-day Adventists

P.O. Box 287 Berrien Springs, MI 49103

269-473-8247

269-473-8209 (fax)

For **Burman University**, send application to:

Brenda Rowe, Director

22 Rue Hazelwood

Dollard-Des-Ormeaux, QC H9A 2N6 Canada

brendarowe@johnabbott.qc.ca

For **Washington Adventist University or Kettering College of Medical Arts**,
send application to:

Tamyra Horst

720 Museum Rd.

Reading, PA 19611

610-374-8331 ext 236

thorst@paconference.org

For **La Sierra University**

Loma Linda University

Pacific Union College,

send application to:

Dorothy Means

4650 Sepulveda Blvd. #106

Sherman Oaks, CA 91403

818-990-9786

805-495-2644 (Conf. fax)

ddmns03@gmail.com

For **Oakwood University**
Southern Adventist University
AdventHealth University,

send application to:

Shirley Scott

4504 Calvert Rd NW

Huntsville, AL 35816

(256) 683-6145

sscott@southernunion.com

For **Southwestern Adventist University**, send application to:

Letty Craig

777 S. Burlison Blvd

Burlison, TX 76028

lcraig@swuc.org

For **Union College**, send application to:

Nancy Buxton

5030 Eagle Ridge Road

Lincoln, NE 68516

402-328-0042 (phone & fax)

nancybee47@yahoo.com

For **Walla Walla University**, send application to:

Sue Patzer

5709 N. 20th St

Ridgefield, WA 98642

360-857-7031

360-857-7131 (fax)

sue.patzer@nw.npuc.org

NORTH AMERICAN DIVISION SCHOLARSHIP APPLICATION

Send this completed application with your most recent transcript and the financial information sheet to the union Women's Ministries director before October 15. If you need extra space to answer any question, write on a separate sheet of paper.

1. _____
Family Name First Name Middle Name Phone

2. Home Address _____
E-mail _____

3. Citizenship _____ 4a. Country of Residence _____

4b. If not citizen of US, Canada, or Bermuda, what kind of visa do you have? (check one)
___ green card ___ student visa ___ other (please specify)

5. Home Church (Church name, city, state, website address) _____

6. Conference _____ 7. Date of Baptism _____

8. Birth date _____ 9. Marital Status _____

10. Your major area of study _____

11. Name of Adventist School you are currently enrolled in _____

12. Are you a part-time ___ or full-time ___ student?

13. Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior

14. List your college education to date. Start with your **most recent** education, and list in order.

School and City	From (month/year) To (month/year)
_____	_____
_____	_____
_____	_____

15. Why did you choose this area of study and how do you plan to use it to achieve your goals?

16. How many years of full-time school work do you need to graduate? _____

17. List your work experience. Start with your **most recent** job and list in order.

Type of work	Name/Address of Employer	From (mo/yr) To (mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Please share your conversion experience and tell why you feel it was an important or meaningful experience in your life.

19. What or who has influenced you most in your life? Why?

20. Have you received any special honors, recognition or awards? Please list:

21. List any programs or projects in which you have been involved; please tell how you participated or what leadership roles you had:

a) in your church

b) in school

c) in the community

22. List your special talents, interests, and hobbies (such as bilingual abilities, musical talents, public speaking, writing, etc.):

23. I, _____, agree to the following conditions for acceptance of a scholarship from the North American Division Women's Ministries Scholarship Fund to attend (school) _____ for the school year _____.

Scholarship Agreement

- 1. I promise to uphold the beliefs of the Seventh-day Adventist Church through my speech and behavior, and to work for the soon coming of Christ.**
2. I will maintain a grade-point average of at least 3.0.
3. I promise to seek opportunities to serve God and humanity in my church and school.
4. I will provide a written report of my school progress and church related activities to the North American Division Women's Ministries Director.
5. I understand that this scholarship will not cover all my tuition needs. It is not a loan.
6. I understand that there is no guarantee of church employment upon completion of my education.

Signed _____ Date _____

NORTH AMERICAN DIVISION
WOMEN'S MINISTRIES SCHOLARSHIP PROGRAM

REFERENCE FORM 1: SCHOOL

Must be filled out in English
(First three lines to be filled out by applicant)

Name of Applicant _____

Name of Union Women's Ministries Director

Address where application should be sent _____

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

3. What contribution has she made in school, work and/or church?

4. How well does she work with others?

5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): _____

Home Address: _____

Email: _____

Home Phone: _____

Job Title: _____

Employer: _____

Employer's Address: _____

Signature _____ Date _____

This reference form should be sent directly to the Union Women's Ministries Director at the address given above. DO NOT send it back to the applicant.

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REFERENCE FORM 2: CHURCH

Must be filled out in English
(First three lines to be filled out by applicant)

Name of Applicant _____

Name of Union Women's Ministries Director

Address where application should be sent _____

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

3. What contribution has she made in school, work and/or church?

4. How well does she work with others?

5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): _____

Home Address: _____

Email: _____

Home Phone: _____

Job Title: _____

Employer: _____

Employer's Address: _____

Signature _____ Date _____

This reference form should be sent directly to the Union Women's Ministries Director at the address given above. DO NOT send it back to the applicant.

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REFERENCE FORM 3: OTHER (NOT FAMILY/FRIEND)

Must be filled out in English
(First three lines to be filled out by applicant)

Name of Applicant _____

Name of Union Women's Ministries Director

Address where application should be sent _____

Please give your opinion about the person who is applying for a scholarship. Please look at her individual talents and give specific examples where possible. We would like to know:

1. How long have you known this person, and in what capacity?

2. How well does she apply herself to her work and/or studies?

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3. What contribution has she made in school, work and/or church?

4. How well does she work with others?

5. What are her strengths, assets, and skills? Please comment on her potential leadership abilities.

6. What concerns (if any) do you have regarding her ability to succeed?

7. What would be your overall evaluation of her that causes her to stand out in your mind?

Your Name: (Please Print): _____

Home Address: _____

Women's Ministries Scholarship Application

Email: _____

Home Phone: _____

Job Title: _____

Employer: _____

Employer's Address: _____

Signature _____ Date _____

This reference form should be sent directly to the Union Women's Ministries Director at the address given above. DO NOT send it back to the applicant.