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.

(Definition of home division: The division in which you normally reside and where you hold citizenship. Students from outside 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.
   - Please type it, if possible.

2. FINANCIAL INFORMATION SHEET:
   - Fill out the Financial Information Sheet in its entirety. Use the back of the form for additional information. The more you show your financial need, the better your chances of receiving a scholarship. Your application will not be accepted without the information sheet.

3. RECOMMENDATION FORMS:
   - You must have 3 recommendations in English. If possible, they should be from someone representing your school, someone representing your church, and someone you have worked for or under.

Give each of your three reference names a Recommendation 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 2 of each Recommendation Form.)

4. TRANSCRIPTS:
   - You must obtain your official transcript from the most recent school you have attended to include with your application.
   - Send the GPA (Grade Point Average) translated to American system (An A, B, or C grading system is acceptable.) Must be in English.

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 September 30.

6. SCHOLARSHIPS ARE AWARDED: Second Semester of the current school year.
UNION CONFERENCE WOMEN’S MINISTRIES DIRECTORS OF THE NORTH AMERICAN DIVISION

For **Andrews University**, send application to:
Janell Hurst, Director
Women’s Ministries
Lake Union Conference of Seventh-day Adventists
c/o 10894 Balfour Dr.
Noblesville, IN 46060
269-473-8249
269-473-8209 (fax)
janghurst@yahoo.com

For **Atlantic Union College**, send application to:
Charlotte L. V. Thoms
150 Viennawood Drive
Rochester NY 14618-4420
585-329-9295 (phone)
585-475-7900 (fax)
cthoms513@hotmail.com

For **Canadian University College**, send application to:
Lynetta Murdoch
North American Division of Seventh-day Adventists
12501 Old Columbia Pike
Silver Spring, MD 20904-6600
301-680-6427 (w)
301-680-6464 (fax)
lynetta.murdoch@nad.adventist.org

For **Washington Adventist University or Kettering College of Medical Arts**, send application to:
Shirley Benton
812 Riva Ridge Blvd.
Gahanna, OH 43230-1804
614-775-9540
614-693-2432 (fax)
srbenton2@aol.com

For **La Sierra University, Loma Linda University, or Pacific Union College**, send application to:
Dorothy Means
4650 Sepulveda Blvd. #106
Sherman Oaks, CA 91403
818-990-9786
805-495-2644 (Conf. fax)
dot.mns@sbcglobal.net
For Oakwood University, Southern Adventist University, or Florida Hospital College, send application to:
Laura Smith
106 Elm Drive
Montgomery, AL 36117
334-272-5417 (phone & fax)
benlausm@aol.com

For Southwestern Adventist University, send application to:
Carmen F. Griffith
400 Rock Meadow Tr.
Mansfield, TX 76063
817-721-8906
carmengriffith4748@yahoo.com

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
Women’s Ministries Scholarship Application

North American Division
WOMEN’S MINISTRIES GENERAL CONFERENCE SCHOLARSHIP APPLICATION

(Please Type or PRINT your answers)

- Send this completed application with your most recent transcript and the financial information sheet to the union Women’s Ministries director before the deadline date (see cover page). 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. Address ____________________________________________________________
   E-mail _____________________________________________________________


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. What is your major area of study? ________________________________

11. Name of Adventist School you plan to enroll or you are currently attending? ________________________________

12. Are you a part-time ___ or full-time ___ student? No. Credit hrs enrolled this year: _________

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

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

   School and City ___________________________________________ From Date (month/year) To _______________________________________
   ___________________________________________ ___________________________________________
   ___________________________________________ ___________________________________________
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.

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<th>Type of work</th>
<th>Name/Address of Employer</th>
<th>From Date (mo./yr.)To</th>
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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 General Conference Women’s Ministries Scholarship Fund to attend (school) ____________________________ for the school year__________.

24. I, _________________________________, give my permission to General Conference Women’s Ministries to use my picture and my name in the “Scholarshipping Our Sisters” Newsletter or fundraising program.

   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 2.5.
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 __________________________
Women's Ministries Scholarship Application

FINANCIAL INFORMATION SHEET
North American Division Women’s Ministries

Note: This form must be filled out completely.

1. Name: ________________________________

2. List annual income:
   - Personal income:
     - Less than $20,000
     - $20,000-$35,000
     - $35,000-$50,000
     - $50,000-$65,000
   - Family income:
     - Less than $20,000
     - $20,000-$35,000
     - $35,000-$50,000
     - $50,000-$65,000

3. List amount of financial help received from family and/or sponsors (not counting grants or scholarships):

   ____________________________________
   ____________________________________

4. If married, is your husband employed full-time?  ___ Yes  ___ No

5. How many dependents do you have besides yourself?  ______

6. If single, list number of siblings currently enrolled in SDA/private school K-16: ________

7. Average number of your work hours per week in the last six months: ________________

8. Number of hours you will be working weekly during the school year: ________________

9. If not working, why not? __________________________________

10. Did you receive financial aid from the employer of your parent/guardian/husband?
    ___ Yes  ___ No  If Yes, how much? __________________

11. FINANCIAL AID: List all financial aid received in the last two years:

    | Gifts/Grants and Scholarships | Student Loans |
    | Source | Amount | Source | Amount |
    |________________________________|________________|________________________________|________________|
    |________________________________|________________|________________________________|________________|
    |________________________________|________________|________________________________|________________|
    |________________________________|________________|________________________________|________________|

11. What is the present balance of your student loan debt, if any? __________________

12. How does this break down in current monthly payments?
    $_______ per month until _____________  OR  No payment until graduation ______

13. ADDITIONAL COMMENTS: Please use the space below for additional comments about your financial need as it pertains to this scholarship. (This information is extremely important. The more information you give, the more seriously your application will be considered.)

   __________________________________
   __________________________________
GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS
WOMEN’S MINISTRIES SCHOLARSHIP PROGRAM

RECOMMENDATION FORM
Must be filled out in English

Name of Applicant _____________________________________________

Address ______________________________________________________

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: ________________________________________________________________
HomePhone: ________________________________________________________________
Job Title: ________________________________________________________________
Employer: ________________________________________________________________
Employer’s Address: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature __________________________________________ Date ________________________

PLEASE SEND THIS RECOMMENDATION FORM DIRECTLY TO THE
WOMEN’S MINISTRIES DIRECTOR LISTED BELOW.
Women’s Ministries Scholarship Application

GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS
WOMEN’S MINISTRIES SCHOLARSHIP PROGRAM

RECOMMENDATION FORM
Must be filled out in English

Name of Applicant___________________________________________________________

Address __________________________________________________________________
_________________________________________________________________________

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?

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Women’s Ministries Scholarship Application

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Your Name: (Please Print): ________________________________________________________________
Home Address: _______________________________________________________________
E-mail _______________________________________________________________
Home Phone: _______________________________________________________________
Job Title: _______________________________________________________________
Employer: _______________________________________________________________
Employer’s Address: _______________________________________________________________
_____________________________________________________________
_____________________________________________________________

Signature __________________________________ Date ______________________

PLEASE SEND THIS RECOMMENDATION FORM DIRECTLY TO THE
WOMEN’S MINISTRIES DIRECTOR LISTED BELOW.
Women’s Ministries Scholarship Application

GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS
WOMEN’S MINISTRIES SCHOLARSHIP PROGRAM

RECOMMENDATION FORM
Must be filled out in English

Name of Applicant _______________________________________________________________

Address________________________________________________________________________
______________________________________________________________________________

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?

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Your Name: (Please Print): __________________________________________
Home Address: ______________________________________________________
E-mail ______________________________________________________________
Home Phone: _________________________________________________________
Job Title: ___________________________________________________________
Employer: __________________________________________________________
Employer’s Address: _________________________________________________
_________________________________________________________________
Signature ___________________________________________ Date ________________

PLEASE SEND THIS RECOMMENDATION FORM DIRECTLY TO THE
WOMEN’S MINISTRIES DIRECTOR LISTED BELOW: