

APPLICATION
Central California Conference
SOQUEL CAMP MEETING EVANGELISM OFFERING
New Member Scholarship Fund
2017-2018 School Year

GENERAL: The Central California Conference is committed to providing a Christ-centered education program, through its organized educational system, that emphasizes the tenets of the Seventh-day Adventist church throughout the curriculum. To encourage and facilitate the participation of new church members with this system, the Camp Meeting Evangelism Committee has allocated funding to assist first-time members by profession of faith or first-time members baptized during the past two years.

ELIGIBILITY:

- Children (K-12) of a first-time, recently baptized or profession of faith church member baptized within the last five years (one or both parents). Newly-baptized parent must be actively attending a Central California Conference church.
- If the parents are not baptized, the child must have been baptized within the last five years and actively attend a Central California Conference church.
- The child must be a new enrollee in the Adventist school system in the Central California Conference.
- Second year applicants ***must submit*** a completed application by June 30, 2017. Second year funding is not automatic.

SCHOLARSHIP AMOUNTS: This two-year assistance program will consist of 20% of the yearly tuition and registration fee for the first year and 20% of the yearly tuition and registration fee for the second year regardless of financial need or academic standing. Enrollment of applicants will be revisited at the beginning of each semester. **Please note that these funds will be allocated depending on the availability of the monies at the time of the request and on a first-come-first-served basis.**

APPLICATION DEADLINE: This is an Open Enrollment Scholarship based on available funds.

APPLICATION FORM: The CCC Office of Education will distribute the forms to all principals and pastors. The application can also be found online at <http://cccedu.adventistfaith.org>. Forms not filled out in their entirety shall be rejected—no exceptions.

IMPORTANT: The pastor or the principal shall submit a brief narrative of why the applicant and the family will benefit from this assistance and the parents of a second-year applicant shall submit the attached testimonial form.

PROCESS: A committee has been selected to review all of the applications. At the end of the year, the school is to provide a brief report of the impact and outcome of each student assisted by this fund. **If the report is not forthcoming, the school shall forfeit eligibility for these funds in the future.**

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Deadline for 2nd year: June 30, 2017

Student Application Information (please print)

Date of Application: _____

2nd year applicant ☐

Last name: _____ First name & middle initial: _____

Street address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Birth date: _____ Male: _____ Female: _____ Date of baptism: _____

Church membership: _____

Schools previously attended: _____

School attending for 2016-2017: _____

Number of years attending an Adventist school (including this year): _____ Grade Level for 2016-2017: _____

Parent/Guardian Information (please print)

Father's name: _____ Mother's name: _____

Guardian's name: _____ Relationship to applicant: _____

Address (if different from above): _____

Date of Baptism

Church Membership

Father: _____ Father: _____

Mother: _____ Mother: _____

Guardian: _____ Guardian: _____

I/We certify (1) that the above information is true and correct to the best of my/our knowledge, and (2) that I/we are fully responsible for any school charges or expenses that are not funded by this fund. Implementation of this program is subject to availability of funds; filling out this form does not guarantee automatic assistance.

Parent/Guardian Signature(s): _____ Date: _____

Authorization

Signature of Church Pastor: _____ Date: _____

Signature of CCC Principal: _____ Date: _____

Attachments

1. Narrative from pastor or school administrator.
2. Testimonial from the parent or guardian.

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Pastor or school administrator: Please share a brief narrative describing the benefits that this new member family will receive by being granted this scholarship (e.g. assimilation/bonding with local church and school and/or other opportunities for outreach to friends and family members not of our church). Feel free to include any additional information that you feel is pertinent to this application process. **Without this vital component this application will not be considered.**

NARRATIVE

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This form should be filled out by second-year applicant's parent(s)/guardian and then signed by the school principal.

TESTIMONIAL

Please describe any spiritual benefits or blessings your family gained from receiving New Member Scholarship monies.

Signature of CCC Principal: _____ Date: _____
