



Scholarship Application Form

PLEASE PRINT STUDENT INFORMATION

Grade [] School []
First Name [] Last Name []
Address [] Date of Birth []
City [] Male []
State [] Female []
Zip Code [] Phone: Area Code [] Number []
Email Address []

Grants and scholarships awarded from the Arizona Adventist Scholarship fund are for tuition only of students attending Adventist schools in Arizona, grades K-12. Tuition grants and scholarships will be awarded without regard to the student's race, color, sex, handicap, familial status or national origin. Decisions in awarding tuition grants and scholarships are the sole responsibility of the Arizona Adventist Scholarship Fund. Admission decisions are the exclusive responsibility of the school. Scholarships are awarded only to applicants who attend an Adventist school for an entire school year.

I have read and understand the above.

Parent/Legal Guardian _____
Please Print Name

Signature _____ Date _____

- Please Indicate:
[] Mother
[] Father
[] Legal Guardian

Return this form to: Arizona Adventist Scholarship Fund, Inc.
P.O. Box 12340
Scottsdale, AZ 85267-2340

