



Please complete all information requested below to receive scholarship grants for dependent children. This form **must** be on file before the scholarship funds are sent to the educational institution.

Name	Age	Birth Date	Grade (K-12)	No. of College Semesters Completed	Denominational School Attending

My spouse is employed by: _____

Employee's Name (please print): _____

I have read the *Tuition Assistance for Dependent Children* (Policy T-4) and I meet the eligibility requirements.

Signature: _____ **Date:** _____

Please Return Form **by September 30** to:

Mary Ann Sheffer, Undertreasurer
 Potomac Conference of SDA
 606 Greenville Avenue
 Staunton, VA 24401