

SANTA CRUZ SEVENTH-DAY ADVENTIST CHURCH
STUDENT AID APPLICATION
_____ School Year

STUDENT NAME _____

ADDRESS _____

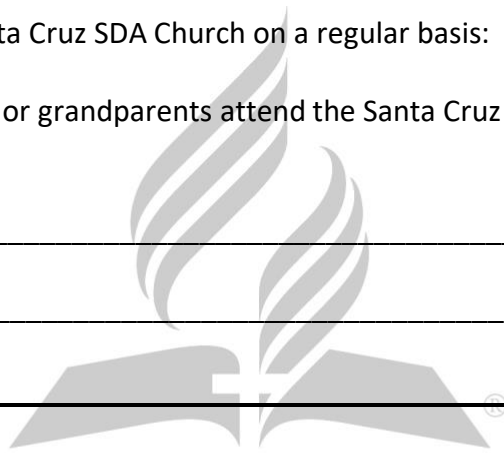
INTENDED GRADE _____ SCHOOL: VHM / MBA (please circle correct one)

Does student attend the Santa Cruz SDA Church on a regular basis: Yes / No

Does the student's parent(s) or grandparents attend the Santa Cruz SDA Church on a regular basis: Yes / No

Amount Requested: _____

Comments: _____



SEVENTH-DAY
ADVENTIST[®] CHURCH

Application deadline is June 30. Application to be turned into the church office by mail or email.

Office Use Only

Membership: _____
Financially support church: _____
Regular Attendance: _____
Granted: _____ Denied: _____