



SEVENTH-DAY
ADVENTIST
CHURCH

Scarborough

Rockley Vale
P.O. Box 124
Scarborough
Tobago, W.I.
Tel: (868) 660-7619

APPLICATION FOR SCHOLARSHIP

1. Name of Applicant:.....
2. Address:.....
3. Date of Birth:.....
4. Contact Number:..... Email:.....
5. At which SDA congregation is your membership?.....
6. Which SDA congregation do you currently attend?.....
7. Date of Baptism/ Officiating Minister:.....
8. Offices currently and previously held at church:.....
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.....
9. Educational Institutions attended:.....
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.....
10. Work Experience:.....
.....
11. Type of Scholarship required: Full or Partial
12. Duration of Study and Campus:.....
13. Degree Program to be pursued:.....
14. Please check the appropriate box below: Upon completion I intend to:
☐ Give service to SDA Church
☐ Continue studying
☐ I am still open about my future.
15. Please indicate in what way your choice of study program will be of benefit to
your church:.....
.....
.....



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16. Please provide the name, position and contact information for three references:

- (i) One from a Teacher, Vice Principal or Principal of the last educational institution you attended:

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- (ii) One from a Pastor or your first Elder:

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- (iii) One from any other professional who attends your church:

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Signature

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Date

Please note the following:

1. Applicants shall be expected to attend a face-to-face interview at the Scarborough SDA church. The date to shall be communicated to qualified applicants.
2. All successful candidates shall be required to make a contribution on graduating to Scarborough SDA Primary school fund, the equivalent of TTD100.00 for every month of the scholarship time period.
3. All successful candidates shall be required to submit their transcripts per semester for the duration of the scholarship period. Candidates MUST maintain a passing GPA to continue as a recipient.