

## North American Division Graduate Hispanic Scholarship Fund

The North American Division Hispanic Scholarship Fund is designed to assist with financial aid for full-time graduate and post-graduate Hispanic students who are North America Division-based, faithful Seventh-day Adventist Church members in good standing, and whose financial resources are inadequate to enable them to complete their graduate school education.

This fund is limited and disbursed on the basis of need, academic performance and church standing. The North American Division's Hispanic Scholarship is distributed according to the parameters established by the NAD's working policy.

### Eligibility

1. The applicant **must** be a Seventh-day Adventist church member in good standing.
2. The applicant **must** be Hispanic, North American Division-based (intending to live and work in the United States, Canada, Bermuda, Guam or Micronesia), and a citizen or permanent resident of the United States, Canada, Bermuda, Guam or Micronesia. Students from other divisions who are in the United States or Canada for educational purposes are excluded from this funding source.
3. The applicant **must** be an **enrolled full-time** student (or taking a minimum of 12 hours per semester) in a **graduate professional school**. Undergraduate, vocational or students seeking a certificate program do not qualify for this scholarship. Preference will be given to students attending Seventh-day Adventist institutions; however, grants may be awarded to students attending other accredited schools offering studies in approved areas.
4. The applicant **must** submit verification of financial need based on information requested in the application, and must be earning satisfactory grades.
5. In cases where family income is comparable, priority in the allocation of the funds will be given to students who are from non-church-worker families.
6. If the applicant is married, only one family member is eligible for this scholarship assistance in a given year, except in unusual circumstances.
7. A student may receive the scholarship **once per school year**. The applicant must request and complete a new application and submit it for approval each year.
8. A student who is a member in a Seventh-day Adventist Hispanic Church that belongs to a Regional Conference needs to apply to the Regional Scholarship.

# Approved Courses of Study

Accounting  
Audiology  
Business Administration  
Communication  
Computer Science  
Dental  
Dietetics  
Elementary and Secondary Education  
Engineering  
Food Administration  
Hospital Administration

Industrial Education  
Journalism  
Law  
Medical  
Nursing  
Pharmacy  
Physical Therapy  
Physician's Assistant  
Psychology  
Public Health  
Social Work  
Speech Pathology

## Instructions

1. Complete and sign the student portion of the application.
2. If applicable, ask your parents to complete their financial section.
3. Ask your school registrar to verify your cumulative grade point average (GPA) and confirm that you are a full-time student taking a minimum of hours as required per school year.
4. Request the stipulated signatures from your local conference Hispanic coordinator/director or your local union Hispanic coordinator/director **must** sign the application form. If you do not know who that person is, ask your Hispanic church pastor. The Hispanic coordinator/director will discuss with you your eligibility and will sign the form.
5. **Make a copy of the completed application** with the information and signatures for your records. This is very important, as some forms get lost in the mail.
6. Mail only pages 3 – 6 of this document to the office of:

Anabell Barrientos-Calderón  
Multilingual Ministries  
Administrative Assistant  
9705 Patuxent Woods Drive Columbia, MD 21046-1565  
Phone: (443) 391 7263      Email: [anabellcalderon@nadadventist.org](mailto:anabellcalderon@nadadventist.org)

7. Applications are **due** February 28 or September 28. The NAD Committee meets to approve scholarship grants. After the committee's approval, the treasury office will issue a check for the approved amount or the NAD Vice President will send a letter explaining why you aren't eligible.

**FOR OFFICE USE ONLY**

The NAD Hispanic Scholarship Committee and the NAD Committee for Administration have:

- Approved this scholarship request for \$ \_\_\_\_\_
- Denied this scholarship request due to \_\_\_\_\_
- Department Signature \_\_\_\_\_



SEVENTH-DAY ADVENTIST CHURCH

**North American Division  
Graduate Hispanic Scholarship Application**

*Please print clearly. Attach a blank sheet if you need more space.*

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Marital Status**

- Single
- Married
- Divorced
- Separated

**Legal Status**

- U.S. Citizen
- U.S. Permanent Resident
- Other

Please specify \_\_\_\_\_

**Educational Information**

Graduate School presently attending \_\_\_\_\_

Field of Study \_\_\_\_\_ Degree sought \_\_\_\_\_

School's official web site \_\_\_\_\_

Hours completed \_\_\_\_\_

Current year in graduate program      1st                  2nd                  3rd                  4th

Scholarship will assist school term beginning Month \_\_\_\_\_ Year \_\_\_\_\_

Are you currently attending a SDA school?      Yes                  No

If not, please state your reason for attending a non-SDA school \_\_\_\_\_

Name of last school attended \_\_\_\_\_

Degree earned \_\_\_\_\_

## Student's Financial Information

Are you currently employed                      Yes                      No

Name of employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

IRS gross taxable annual income (joint if married) \_\_\_\_\_

Do you have any dependents                      Yes                      No    If yes, how many? \_\_\_\_\_

Have you previously received assistance from the NAD Hispanic Scholarship Fund?

Yes                      No    \_\_\_\_\_ Total received \_\_\_\_\_ Year

\_\_\_\_\_ Field of study

## Parent's Financial Information

Parents' or guardians' names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ Phone \_\_\_\_\_

Parent's IRS gross taxable annual income (joint if married) \$ \_\_\_\_\_

*(Ministers should include parsonage exclusion.)*

Was the applicant claimed as a dependent on parents' last tax return?                      Yes                      No

Parents' number of dependents \_\_\_\_\_

## Other Loans or Grants Received

Grant/Loan	Balance Owed	Monthly Payment	Payable

## Current Financial Obligations

Creditor	Balance Owed	Monthly Payment	Purpose

## Student's Proposed Monthly Budget

### Monthly Income

Savings	
Parental Aid	
Student's Income	
Spouse's Income	
Loans	
Grants	
Scholarships	
GI Benefits	
Work/Study assistance	
Other Income	
<b>Total \$</b>	

### Monthly Expenses

Tuition	
Fees	
Instruments	
Equipment	
Car Insurance	
Food	
Lodging	
Clothing	
Utilities	
Other	
<b>Total \$</b>	

# Signatures

*ALL sections must be completed and signed.*

## Applicant

I hereby state that the information given on this application is, to the best of my knowledge, true and that the grant requested is needed to use toward completion of my graduate school education. I hereby indicate my loyalty to the teachings/principles of the Seventh-day Adventist Church and my commitment to its objectives. It is my plan to support the cause of God through the use of my training (giving first consideration to residing in the North American Division territory).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Church Pastor

Applicant's church membership is in \_\_\_\_\_

Church Address \_\_\_\_\_

I (print church pastor's name) \_\_\_\_\_ approve this student applicant as a member in good standing and eligible for the North American Division Hispanic Scholarship grant as requested.

Church Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Conference Coordinator/Director

The \_\_\_\_\_ Conference approves this applicant as eligible for a North American Division Hispanic Scholarship grant.

Conference Hispanic Coordinator/Director \_\_\_\_\_

Hispanic Coordinator/Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

## School Appraisal

Name of graduate school: \_\_\_\_\_

Applicant's cumulative GPA \_\_\_\_\_

Is this applicant a full-time student or taking at least 12 hours?                      Yes                      No

Remarks \_\_\_\_\_

Signature of School Registrar \_\_\_\_\_

Signature of School Financial Advisor or Treasurer \_\_\_\_\_

