

**APPLICATION DEADLINE TO CONFERENCE OFFICE :**  
**Summer–March 7, Fall–July 11, Spring–November 11**  
**Lake Union Conference Office of Education**

**CERTIFICATION/GRADUATE TUITION SCHOLARSHIP APPLICATION**

- STEP 1** Please complete ALL requested information, both pages front and back.
- STEP 2** Supt./Acad. Prin. must initial request on line 3 of the Planned Program.
- STEP 3** Basic/Standard Renewals must complete “Planned Program” on page 3 including certification clerk or advisor’s signature. Professional certificated persons will complete page 4.
- STEP 4** Sign and send to your Superintendent/Academy Principal to sign at the bottom of page 1 and 4.
- STEP 5** Superintendent/Academy Principal return both sheets to the LUC Office of Education.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grades/Subjects taught \_\_\_\_\_

Present Certificate: Basic \_\_\_\_\_ Standard \_\_\_\_\_ Professional \_\_\_\_\_ Conditional \_\_\_\_\_ Renewal Date \_\_\_\_\_

Highest Degree \_\_\_\_\_ From What School? \_\_\_\_\_ Date Received \_\_\_\_\_

Semester Hours Requested \_\_\_\_\_ From What School/Source? \_\_\_\_\_

For: NAD Certification \_\_\_\_\_ State Certification \_\_\_\_\_ Endorsement \_\_\_\_\_ Masters Degree \_\_\_\_\_  
Check all that apply Supt./Acad. Prin. Please initial choice/s teacher will be completing.

Attending Dates this School Year: Beginning: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Date Accepted in MA Program \_\_\_\_\_ Email Address \_\_\_\_\_ AU ID \_\_\_\_\_

Give names and number of class(es) for this semester.

Classes Planned: Example: EDTE 215 Intro to Teaching 2 cr.

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Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Superintendent’s Approval \_\_\_\_\_ Date \_\_\_\_\_ Lake Union Education Office Approval \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION DEADLINE TO CONFERENCE OFFICE :**  
**Summer–March 7, Fall–July 11, Spring–November 11**  
**APPLICATION DEADLINE BY THE CONFERENCE TO THE LAKE UNION OFFICE OF EDUCATION:**  
Summer–March 21, Fall–July 25, Spring–November 25

**CRITERIA FOR APPLICATION AND SCHOLARSHIP FROM THE LAKE UNION CONFERENCE TO ATTEND ANDREWS UNIVERSITY/OTHER UNIVERSITIES**

- 1. Must be a full-time employee.
- 2. Must have been employed by the conference/academy for one year before applying for scholarship.
- 3. Must have a bachelors degree.
- 4. Must be seeking a graduate degree, to complete certification, renewal of certification, reinstatement of certification, or an additional approved endorsement.

**FINANCIAL ASSISTANCE AND PROVISIONS**

- 1. Upon approval, all tuition and fees will be paid by the Lake Union Conference Office of Education.
- 2. Housing, when needed and approved, and one round trip to Andrews University will be paid by the employer according to policy.
- 3. Board, textbooks, supplies, etc. will be paid by the employee.

**TEACHERS MORAL AND LEGAL AGREEMENT**

It is my clear understanding that in exchange for this financial assistance from church funds, I shall be required to fulfill the following obligations:

- 1. The program/classes must be approved by the employer and the Lake Union Conference Office of Education
- 2. I must complete all course work. **Should I fail to successfully complete any course, I will assume full responsibility for payment of charges for that course work.**
- 3. I understand that one full year of service is required for amortization after each 9 semester hours or less of financial assistance. I will be responsible for any unamortized balance in my school financial assistance account should I leave Lake Union Conference employment.

**With full understanding and acceptance of the above-stated conditions, and the moral and legal expectations involved, I hereby make application for financial assistance.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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**RELEASE TRANSCRIPT (For courses to be taken on page 1 of application, send transcript to address below.)**

Date \_\_\_\_\_ Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ If name has changed, give former name \_\_\_\_\_ AU ID \_\_\_\_\_

Number of Transcripts \_\_\_\_\_ Hold for final grades- yes \_\_\_\_\_ no \_\_\_\_\_ Undergraduate School \_\_\_\_\_ Graduate School \_\_\_\_\_

_____	_____	SEND TRANSCRIPT TO:  OFFICE OF EDUCATION  LAKE UNION CONFERENCE  P.O. BOX C  BERRIEN SPRINGS, MI 49103
College or University	Student's Signature	
_____	_____	
Address	Address	
_____	_____	
City, State, Zip Code	City, State, Zip Code	
Currently enrolled: yes _____ no _____		



Please place any academic course-work expected to be taken for renewal. May, or may not include PAC,s-(Professional Activity Credit). Make sure your signed by advisor planned program is attached to application.

SDA Professional Certificate/ Renewal Course Title/Number	Plan Date	Date Done	Sem. Credits	School

Signed \_\_\_\_\_ Date \_\_\_\_\_

Lake Union Teacher

Signed \_\_\_\_\_ Date \_\_\_\_\_

Conference Superintendent/Academy Principal