

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 university’s certification registrar 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: _____ Email Address: _____
 Street/P.O. Box City State Zip

School: _____ Grades/Subjects taught: _____

Present Certificate: Basic _____ Standard _____ Professional _____ Conditional _____ Expiration Date: _____

Highest Degree: _____ From What College: _____ Date Received: _____

Semester Hours Requested: _____ From What College: _____ AU ID Number _____

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 Semester/Quarter: Beginning: _____ Completion Date: _____

List course names, course identification numbers, and number of credits. If not attending AU, list cost per credit hour

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

Applicant's Signature Date Superintendent's Approval Date LU Certification Officer 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 bachelor's 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. I understand that my program/courses must be **pre-approved by the employer and the Lake Union Certification Officer.**
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 _____

PLEASE RELEASE TRANSCRIPT for course work to be taken on page 1 of application to address below:

Date _____ Student's Name: Last _____ First _____ Initial _____

Social Security Number

If name has changed, give former name

College/University ID

Date Last Attended

Currently Enrolled? Yes () No ()

Hold for Final Grades? Yes () No ()

Undergraduate? () Graduate? ()

Name of College/University

Street Address/P.O. Box Number

Student Signature

City State Zip

Street Address/P.O. Box Number

City State Zip

**SEND TRANSCRIPT TO:
Lake Union Conference Office of Education
P.O. Box 287
Berrien Springs, MI 49103**

Please list all academic courses expected to be taken for renewal.

SDA Professional Certificate Renewal Course Title/Number	Plan Date	Date of Course Completion	Sem. Credits	College

Signed _____ Date _____
Lake Union Teacher

Signed _____ Date _____
Conference Superintendent/Academy Principal

Signed _____ Date _____
Lake Union Certification Officer