



# SOUTHERN CALIFORNIA SEMINARY

2075 East Madison Ave,  
El Cajon CA 92019-1108

## SPOUSAL SCHOLARSHIP APPLICATION

Date \_\_\_\_\_

Student 1

Last Name \_\_\_\_\_ First \_\_\_\_\_ Box \_\_\_\_\_

Student 2

Last Name \_\_\_\_\_ First \_\_\_\_\_ Box \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This application is valid for one (1) year at a time and must be re-applied for each year by March 1st. It is for a 50% scholarship for the student's spouse from SCS after all Federal and Institutional grants have been determined. This Scholarship is for tuition credit only. Books, supplies and living expenses are not included.**

The above named students are applying for a Spousal Scholarship in the amount of:  
\$\_\_\_\_\_ per semester (50% of balance of lowest tuition balance of the two students after Federal and Institutional aid has been determined). Scholarship will be pro-rated according to student's enrollment status.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student 1

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student 2

### TO BE COMPLETED BY SCS STAFF

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Financial Aid Director

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Director of Student Services

**Approved**

**Disapproved**

Signature

Date