

# **Lake Union Conference Scholarship Program Graduate Tuition/Post Graduate**

Procedure for teachers applying:

- A planned program from the college/university you are attending must be submitted to the LUC and approved before beginning work on a master's degree.
- Documentation of acceptance into the program is required.
- Cost per credit hour must be submitted with application if the teacher is requesting to attend other than Andrews University
- An application must be signed by the applicant, principal, and superintendent before it is submitted to the LUC.
- The superintendent will submit the application to the LUC Office of Education.
- The teacher, principal, and superintendent will receive a letter of approval.
- At the end of the semester/quarter, an official transcript must be sent to the LUC Office of Education before reimbursement will be made to the conference.

Lake Union Conference Office of Education

CERTIFICATION/GRADUATE TUITION SCHOLARSHIP APPLICATION

STEP 1 Please complete ALL requested information.

STEP 2 Submit to your conference superintendent four weeks before requested classes begin.

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 identification numbers, course name, and number of credits.

If not attending AU, list cost per credit hour

Planned Courses Example: EDTE 215 Intro to Teaching 2 cr. \$000.00

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Superintendent's Approval \_\_\_\_\_ Date \_\_\_\_\_ LU Certification Officer's Approval \_\_\_\_\_ Date \_\_\_\_\_

**CRITERIA FOR APPLICATION AND SCHOLARSHIP FROM THE LAKE UNION CONFERENCE TO ATTEND ANDREWS UNIVERSITY or 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, completing certification, renewing certification, reinstating expired certification, or adding an approved endorsement.

**FINANCIAL ASSISTANCE AND PROVISIONS**

1. Upon approval, all tuition and fees, will be paid by the Lake Union Conference Office of Education **thru the local conference.**
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.
4. When approval is given to attend a program other than Andrews University the Lake Union will only subsidize up to the current per credit cost at Andrews University.

**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 \_\_\_\_\_

**ANDREWS UNIVERSITY  
ACADEMIC RECORDS  
TRANSCRIPT SPECIALIST  
BERRIEN SPRINGS, MI 49104**

**PLEASE RELEASE TRANSCRIPT for the following courses.**

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

\_\_\_\_\_  
If name has changed, give former name

\_\_\_\_\_  
College/University ID

Hold for Final Grades? Yes ( ) No ( )

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
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**