Columbia Union Conference
Office of Education

DOCTORAL FINANCIAL ASSISTANCE APPLICATION

Scope:
The Columbia Union Conference Office of Education funds no more than four (4) programs, part or whole, at any given time. Applicants who meet eligibility requirements (see below) may submit requests for assistance, understanding that the Office of Education (CUOE) will consider each request in the order received.

Eligibility Criteria:
(1) Applicant must have served a minimum of three (3) consecutive years of uninterrupted service in an accredited educational institution of the Columbia Union Conference.
(2) Applicant must have maintained uninterrupted denominational certification during the three-year period.
(3) Applicant must be a full-time, conference-employed educator throughout the three-year period.
(4) Applicant must have successfully completed a pre-doctoral/masters graduate program from an accredited institution.
(5) Applicant must have maintained a minimum 3.0 GPA in the graduate course of study.
(6) Applicant must provide written documentation verifying (1) formal acceptance into a doctoral program from the school to which the applicant has applied; (2) local school board approval; and (3) conference K-12 board approval BEFORE a formal application for doctoral assistance will be considered.
(7) Applicant must be prepared to share research findings with the Columbia Union Office of Education and provide approval for appropriate, discipline-specific distribution to educators/entities within the Columbia Union that might most directly benefit from the research findings.
(8) Applicant must agree to amortize through service, doctoral assistance funding per NAD policy upon completion of the degree.

Application Submission:
Applications for doctoral financial assistance are to be submitted in the time periods of August 15th to September 30th and January 1st to February 15th. Applications submitted at any time other than the two application periods indicated will NOT be considered and will be returned to the applicant. The applicant is encouraged to resubmit the application, in a timely manner, for consideration.

Application Processing:
The Columbia Union Office of Education considers the application, exercising due diligence. Upon approval, the application will be taken to the Columbia Union School Administrators Council (CUSAC) for consideration. If approved for recommendation to the Columbia Union K-16 Board of Education (CUBOE), the applicant will be informed of CUBOE’s decision immediately after the application is acted upon.

CU Doctoral Assistance Application
APPLICATION

Provide complete and accurate information please. Attach copies of the local school board and conference K-12 board minutes that indicate approval of your proposed doctoral study. Applications that do not include all information and support documentation required will be returned to the application without consideration.

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GENERAL INFORMATION

Applicant’s Name: ________________________________ Date: _________________________
Institution: ________________________________ Conference: __________________________

BOARD APPROVAL & EMPLOYMENT VERIFICATION

Please attach a copy of the (a) local board and (b) K-12 board minutes that document approval of the applicant’s plan to begin doctoral study.

Dates of Board Approval

___________________________________ ___________________________________
Local School Board              Conference K-12 BOE

Employment History: (through past five years)

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(continue below)
SIGNATURES

The affixed signatures certify that the applicant has been a full-time, conference-employed, denominationally-certified educator of a NCPSA/GCAA-A-accredited Seventh-day Adventist school in the Columbia Union for each of the past three academic years as indicated above.

___________________________________  ___________________________________
Applicant’s Signature  Superintendent’s Signature

GRADUATE PROGRAM COMPLETION

Institution: ___________________________  Graduation Date: _____________________

Attach or enclose an official transcript of the graduate program from the institution that granted the applicant’s graduate degree.

DOCTORAL PROGRAM ACCEPTANCE

Enclose a signed copy of the official correspondence from the institution to which the applicant has applied, indicating acceptance into the doctoral program.

COURSE OF STUDY

___________________________________  _____________________________________
Applicant’s Major  Collateral(s)

___________________________________  _____________________________________
Academic Advisor  Date of Acceptance

In the space below provide a brief description of the proposed research project (type-written)

AGREEMENT

I agree to share my research findings upon successful completion of my dissertation and will allow the CUOE to distribute the findings at their discretion.

___________________________________
Applicant’s Signature