

APPLICATION FOR LIVING FAITH LUTHERAN CHURCH SCHOLARSHIP GRANT

(Please return this form on or before May 31st to the church office.)

NAME _____ DATE _____

ADDRESS, CITY, STATE, ZIP _____ AGE _____

CONTACT PHONE # _____ EMAIL ADDRESS _____

YEAR IN COLLEGE AS OF NEXT SEPTEMBER _____ # OF CREDITS YOU WILL BE TAKING? _____

PARENT OR GUARDIAN _____ TELEPHONE _____

ADDRESS OF PARENT OR GUARDIAN _____

WHAT SCHOOL DO YOU PLAN TO ATTEND? _____

WHAT MAJOR COURSE OF STUDY DO YOU PLAN TO FOLLOW? _____

WHAT DEGREE DO YOU EXPECT TO EARN? _____

ANTICIPATED YEAR OF GRADUATION _____

IF MORE THAN 4 YEARS, PLEASE EXPLAIN* _____

FOR WHAT SCHOLARSHIPS HAVE YOU APPLIED, OR ARE BEING CONSIDERED? _____

WHEN DID YOU BECOME A MEMBER OF LIVING FAITH LUTHERAN CHURCH? _____

WHAT IS YOUR GRADE POINT AVERAGE? _____

WHAT IS THE OCCUPATION OF YOUR FATHER? _____

WHAT IS THE OCCUPATION OF YOUR MOTHER? _____

HOW MANY BROTHERS & SISTERS DO YOU HAVE? ___ Brothers, ages: _____

___ Sisters, ages: _____

WOULD YOU BE ABLE TO ATTEND SCHOOL WITHOUT FINANCIAL ASSISTANCE FROM OUTSIDE YOUR OWN FAMILY? (EXPLAIN ON BACK)

LIST YOUR CHURCH ACTIVITIES* _____

LIST YOU OTHER OUTSIDE ACTIVITIES* _____

(OVER)

DESCRIBE YOUR EXPERIENCES OVER THE PAST FEW YEARS WHICH YOU HAVE FOUND MOST INTERESTING, STIMULATING OR VALUABLE.* _____

DO YOU HAVE ANY KIND OF PART-TIME JOB DURING THE SCHOOL YEAR? _____

HAVE YOU WORKED DURING SUMMER VACATIONS? _____

(*USE SEPARATE SHEET IF NEEDED)

SCHOLARSHIP RECIPIENTS WILL RECEIVE TWO PAYMENTS, THE FIRST IN SEPTEMBER, THE SECOND AT SEMESTER BREAK.

CONTINUATION OF THIS SCHOLARSHIP IS CONTINGENT UPON A REVIEW OF YOUR GRADES AND PROGRESS TOWARD A DEGREE. IT IS UP TO YOU TO SEND US A COPY OF YOUR TRANSCRIPT AT THE END OF EACH SEMESTER.

LIVING FAITH LUTHERAN CHURCH
2915 WRIGHT AVENUE
RACINE, WI 53405
262-637-5671

IF YOU ARE AWARDED A SCHOLARSHIP GRANT PLEASE LIST THE ADDRESS THAT THE CHECK SHOULD BE MAILED TO: _____
