2019 St. Luke's Lutheran Church Scholarship Application Form

For Applicants Planning to Attend a College, University or Other School

PRIVACY NOTICE: All information in this application is privileged, eyes only Scholarship Committee, and will be destroyed following the selection process.

PERSONAL INFORMATION						
Name:		Home Telephone:				
Address:		Applicants Cell Phone:				
City, State & ZIP		E-Mail Address:				
Father's Name:		Father's Occupation:				
Mother's Name:		Mother's Occupation:				
Brothers Sisters		Number of Family Members in College, University or				
(number of each)		Other Continuing Education:				
Membership in St. Luk	e's Lutheran Church	Approximate Annual Family Income (circle one range)				
Family: (years)		0 - 25,000	· · · · · · · · · · · · · · · · · · ·			
You:		50,001 - 75,000			100,000	
104.	() cars)	100,001 - 125,000			- 150,000	
Vour Church Attendan	ce (times/month) 1 2 3 4	150,001 - 175,000			01 - +	
EDUCATION:	High School Attended?	G.P.A.*(for four years)	Scores:	A.C.T.	S.A.T.	
LDOCATION.	riigh School Attended:	G.1.71. (101 10u1 years)	(if taken)	71.0.1.	5.71.1.	
	ACTIVIT	IES (Please List)	, ,			
ACTIVITIES (Please List) Church						
School						
Community	Δ.					
Employment (past and present)						

^{*} Students in College should supply their College GPA

destroyed	following the selection process.
Educational Institution You Plan To Attend:	Major or Course:
Full Time Student Next Academic Year: YES NO Projected Cost For Next Academic Year:	(circle one each) What Year? Fr. So. Jr. Sr. Post-Grad
Career Plans:	
Please describe your financial need for the next aca	FINANCIAL STATEMENT ademic year. Be sure to include information about income, ding. Tell us about any circumstances that we should consider
	EXAITH STATEMENT Let than one page) explaining the role faith plays in your life.
	REFERENCES
1	
2	
3	
Signature:	Date:

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NOTE: An interview with the Scholarship Committee is required. (This requirement may be waived by the committee under certain circumstances.)