

APPLICATION FOR HIGHER EDUCATION SCHOLARSHIP

St. Peter's Lutheran Church
Forestville, Wisconsin

Amount: \$500 per semester, up to 8 semesters.

Eligibility:

1. This scholarship is only for members of St. Peter's Lutheran Church, who are engaged in post-secondary accredited education following high school graduation or within 10 years of high school.
2. The applicant must be a full-time student, as defined by the school to be attended.
3. This scholarship is given by the semester and application must be made for each semester. (The only exception would be a matching-fund amount by the college for any alternate time period.)
4. This scholarship is based on academic progress, but not on any academic minimal standard. A student on academic probation is eligible for only one additional semester, unless such probation is removed.
5. Deadlines for application: Fall Semester: August 1
Spring Semester: January 10

Instructions:

1. Please fill out all applicable portions of this application form.
2. If you are renewing after the initial application, please note the instructions for Section Two (§2) and fill in only if information has changed.
3. For renewals, please attach a most recent transcript, as available. (This does not have to be a certified transcript.)
4. Remember to attend to §4 (for fall applications), sign, date, and submit this application to:

St. Peter's Lutheran Church
ATT: Higher Ed Scholarship
316 W. Main St, P.O. Box 85
Forestville, WI 54213-0085

§1 NAME: _____
(first) (middle initial) (last)

SEMESTER AND YEAR OF ATTENDANCE COVERED BY THIS APPLICATION:

_____, _____
(semester) (year)

THIS IS MY (circle) FRESHMAN / SOPHOMORE / JUNIOR / SENIOR year

WILL YOU BE A FULL TIME STUDENT: (circle) YES / NO

MAJOR (if known) or FIELD OF INTEREST: _____

HAVE YOU PREVIOUSLY RECEIVED THIS SCHOLARSHIP? (circle): YES / NO
If yes, fill in information in Section Two below only if anything has changed.

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§2 (NOTE: first-time applicants only, or if any information has changed)

ADDRESS: _____
(street, apt #, PO Box, as applicable)

(city) (state) (zip)

EMAIL _____ and/or

CELL PHONE/TXT _____ OTHER PHONE: _____

DATE OF BIRTH: _____
(month / day / year)

HIGH SCHOOL GRADUATION DATE: (month and year) _____

COLLEGE TO BE ATTENDED: _____

Is this school a part of the Lutheran Church – Missouri Synod? YES / NO

Is this school affiliated with another church or religion? YES / NO

If yes, what is the church or religion? _____

§3 MATCHING FUND ALLOCATION (if applicable)

Does this school have a matching fund for a congregational scholarship? (circle) YES / NO

If yes, give the exact name of the higher education institution, complete mailing address, phone number and/or email, name of the matching-fund program, payment due date, and any other needed information.

NAME OF EDUCATIONAL INSTITUTION: _____

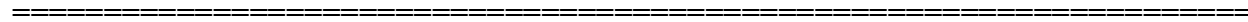
ADDRESS: _____

PHONE AND/OR EMAIL: (____) _____ - _____

NAME OF MATCHING FUND PROGRAM _____

DATE PAYMENT IS DUE: _____

ANY ADDITIONAL INFORMATION? _____



§4 (FALL Applications only):

In the space below (including back side as needed), or on a separate attached sheet, briefly respond to the appropriate question below.

(Freshman year applicants:) What does the support of your congregation mean to your education, as you prepare for the responsibilities of adult life as a Christian child of God and member of St. Peter's?

(Sophomore year applicants): How has the past year challenged or strengthened your faith?

(Junior year applicants): How does your intended field of study (and proposed career or profession), as well as other goals you have, apply to your Christian life?

(Senior year applicants): How have you grown in your faith and Christian understandings through your college experience? What challenges do you face in your final year and as you transition to what lies ahead?

Applicant's Signature: _____ Date: _____