

All Saints Lutheran Church

Lutheran College Scholarship Application

Recipient must be a graduating senior in high school accepting admission to a Lutheran College or a student in good standing at a Lutheran College.

DATE:	
APPLICANT'S NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	
DATE OF BIRTH:	
PARENT'S NAME:	

NAME OF HIGH SCHOOL:	
ADDRESS:	
CITY/STATE/ZIP:	
SCHOOL'S PHONE NO:	
GRADUATION DATE:	CUMULATIVE HIGH SCHOOL GPA:
UNIVERSITY/COLLEGE:	
COURSE OF STUDY (MAJOR):	
COLLEGE GPA (if applicable):	

For Church Council only:	_____ approved	_____ not approved	
PRESIDENT'S SIGNATURE _____		DATE: _____	

Use additional paper if needed for the following:

Extra Curricular Activities:

Describe your Christian contributions to the All Saints Lutheran Church:

Describe your Christian contributions to your community/school:

Describe your career goals/fields of interest/long-term **goals**:

***During the school year, you will be asked to share with our congregation, how this college has impacted your faith journey.**

***Please provide a color photo for our scholarship board.**

PLEASE RETURN THE COMPLETED APPLICATION TO PASTOR OR THE CHURCH OFFICE.

_____ Print Name of Applicant	_____ Applicant's Signature	_____ Date
_____ Print Name of Parent/Guardian	_____ Parent/Legal Guardian Signature	_____ Date
_____ Pastor's Signature		_____ Date