

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	
Applicants Name	
Address	
City/State/Zip	
Home Phone	Cell phone
E-mail Address	
Date of Birth	
Parents' Name	

Name of High School	Graduation Date
Address	Cumulative High School GPA:
City	College GPA (if applicable):
State/Zip	University/College
High School Phone	Course of Study (major)
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