

Art Slinde Memorial Scholarship

Applicant's Name: _____

Home Address: _____

Year of High School Graduation: _____ Parent's Name: _____

Parent's Address (if different from applicant): _____

Qualifications:

- *Must be confirmed member or adult member of Six Mile Grove Lutheran Church belonging to the church for at least one year*
- *Should be planning to attend vocational school, college or university (Undergraduate or Graduate) working towards a degree*
- *Entering sophomore year of college or beyond except for adult members*
- *High school graduates of current year are not eligible because they will receive the Six Mile Grove Lutheran Church 1st year scholarship in their 2nd semester*

Terms of Scholarship:

- *Student must have completed 1st semester & be making satisfactory progress*
- *Maximum award will be variable depending on the number of applicants*
- *Must apply each year to renew the scholarship*
- *Recipient must participate in two Six Mile Grove Church Activities each year (examples Assisting with Memorial Dinner or reading scripture two times during the year) Open to your ideas of participating in the church activities*

School You Are Planning to Attend: _____

Address of School: _____

Phone Number of School: _____

Goals:

Contemplated Field of Study: _____

Degree Working Towards: _____

Community Services/ Activities:

School Activities/Leadership Activities:

Work:

500 Word Essay telling us how your faith has impacted your life thus far & how it will help you attain your vocational or college goals (Please attach to the application)

To help us grow as a church, for the future, please share your thoughts, ideas, needs etc as to what you are looking for in regard to religion/church/faith.

Deadline for Application is January 1st

Submit Applications to:

Carol Rector

Pam Sampson

57309 130th St.

10167 585th Ave.

Lyle, MN 55953

Lyle, MN 55953