**Scholarship Application**

**Instructions**

You must submit the required materials as a complete packet of information to be considered for this scholarship. This includes three (3) letters of reference, your current unofficial high school/college transcripts and, if entering your first semester, include an acceptance letter from the college or university you will be attending.

Upon completion of this application and all required documents, mail your completed packet of
materials to: Community of Love Lutheran Church; Attn: Hearts in Action Endowment Committee;
117 N. Fourth Street; Oxford, PA 19363. For questions, please e-mail us at: COLLutheranChurch@gmail.com. Applications must be RECEIVED by May 1st.

**PLEASE NOTE**: Any application received after this due date will NOT be considered.

**General Information** (Print/Type)

Legal name in full

First Name M.I. Last Name

Permanent residence

Number, Street, Apartment Number

City State ZIP

Your school residence (if applicable)

Number, Street, Apartment Number

City (if studying abroad add country) State ZIP

Home telephone ( ) Cell ( )

E-mail address Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Day/Year

**General Information** (continued)

 College/University you will be

 attending

 (Name, address and phone)

Current cumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on a scale of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Your major(s) or course(s) of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of college credits earned to date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of credits required for graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Degree/Certificate you will receive \_\_\_ \_\_\_\_\_\_\_

Expected date to receive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Questionnaire**

*If you have more schools, activities, work experience, and/or awards than the space allows, list only*

 *those you consider most significant. Inserts, attachments, and additional pages will not be accepted.*

**1.** List the secondary school from which you graduated and all higher education institutions attended. Include summer, study-abroad, exchange programs. (up to six).

School Location Dates Attended

**Questionnaire** (continued)

2. List college, high school and post-high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for maximum combination of 8 activities.

High School Activity Dates Offices Held

College Activity Dates Offices Held

3. List public service (mission work, community activities, work with religious organizations, etc.) Do not repeat items listed previously. List in descending order of significance.

Activity Role Dates # of Weeks Active

4. List part-time and full-time jobs and internships since high school graduation.

Type of work Employer Dates Average # of Hours/Week

5. List awards, scholarships, publications or special recognitions you have received. List most recent first.

6. What qualities make you ideally suited to your course of study?

7. Why are you pursuing your area of study?

8. Describe the problems or needs of society you would like to improve/address in your field of work.

9. What are 2 significant events you have experienced in preparation for your career?

10. If selected as a C.A.P. scholar, how would you give back to members of your community at some point after you have established your career?

11. What additional information do you wish to share with the Hearts in Action Endowment Committee?  *(If you care to share personal, financial or additional circumstances that would be helpful to this application.)*

11. (continued)

**Acknowledgement**

I, have read and understand the conditions of this scholarship as explained in the current Guidelines for C.A.P Scholarship. I affirm that I plan to pursue a career in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as defined in those documents. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the C.A.P. Scholarship program. I understand that this application will be available only to qualified people who are on the review board. I waive the right to access letters of recommendation written on my behalf. If selected as a C.A.P. Scholar, I am being encouraged to attend the Hearts in Action Endowment awards Ceremony in Oxford, PA. I affirm that all of this application, including the essays, is my own work. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date  \_\_\_\_\_\_\_\_\_\_\_\_  Signature