Resurrection Evangelical Lutheran Church Endowment Board Request for Scholarship

(Completed application must be returned to the Church office on or before the due date)

Name and Address of Appl	icant:			
Phone Number:	Email	Address:		
Are you a member of Resul	rection Evangelical Lutherar	n Church:Yes	No	
	ly to the school. The below ac sure that check is credited to		side scholarships should	be mailed to. Your
College or Institution:			_	
Address: _			_	
_				
Student ID:			_	
For which academic period	l is this application:Fa	ıllSpringSu	mmer	
or	Semester:1st _ Quarter:1st _	2 nd Summe 2nd3rd	er 4th	
Class Standing:Fres	nmanSophomoreJu	niorSenior	_ Graduate	
Credit hours enrolled:and remain a full-time stud	(Note: You must attac ent to be eligible.)	ch supporting docun	nentation of the number o	of credit hours enrolled
Financial Information: Attach the invoice of	detailing all charges and cred	dits for the semester	(or quarter).	
List your present and past Choir, Committees, Specia	participation in the activities I Projects, etc.)	of Resurrection Eva	ngelical Lutheran Churc	n: (e.g. Youth Group,
When and where were you	confirmed?			
How many times have you	attended worship at RELC in	the past twelve mon	ths?	
How many times have you	aken communion in the past	twelve months?		
		ication Due Dates: sentation of Receipts will be di	ue as follows	
Fall Spring	Starting Application Date August-September August 15 anuary-February January 15 une-July May 15	Presentation October 15 March 1 August 1	n of Receipt	
Applications or Receipts received a	fter the published deadlines will not be hon consideration	nored unless any extenuating on at the next scheduled meeting		g to the Endowment Board for
Applicant Signature		Date		