

**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 Applicant: _____
(check will be mailed to this address)

Phone Number: _____ Email Address: _____

Are you a member of Resurrection Evangelical Lutheran Church: ___yes ___no

College or Institution: _____

Address: _____

For which academic period is this application: ___ Fall ___ Spring ___ Summer

Semester/Quarter: ___ 1st ___ 2nd ___ 3rd ___ 4th ___ Summer

Class Standing: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Attach supporting documents of credit hours enrolled: _____

(Note: You must attach supporting documentation of the number of credit hours enrolled and remain a full-time student to be eligible.)

List your present and past participation in the activities of Resurrection Evangelical Lutheran Church: (i.e., Youth Group, Choir, Committees, Special Projects, etc.)

When and where were you confirmed? _____

How many times have you attended church at Resurrection Evangelical Lutheran Church in the past twelve months? _____

How many times have you taken communion in the past twelve months? _____

Application Due Dates:

Applications and Presentation of Receipts will be due as follows

| <u>Sessions</u> | <u>Starting</u> | <u>Application Date</u> | <u>Presentation of Receipt</u> |
|-----------------|------------------|-------------------------|--------------------------------|
| Fall | August-September | August 15 | October 15 |
| Spring | January-February | January 15 | March 1 |
| Summer | June-July | May 15 | August 1 |

Applications or Receipts received after the published deadlines will not be honored unless any extenuating circumstances are presented in writing to the Endowment Board for consideration at the next scheduled meeting.

Applicants Signature

Date

Phone Number