

2010 OUR SAVIOR LUTHERAN CHURCH SCHOLARSHIP APPLICATION

Last Name

First

Middle

Home Address

City, State, Zip

Email Address

Names of Parents/Guardian

Name of school for which scholarship is requested:

This is a (check one): **New application** _____ **Reapplication** _____

For reapplicants:

Please provide a statement on a separate page regarding your activities since your last application; and
A copy of your most recent grade report.

First time applicants:

Please provide a statement on a separate page, including church, school and community activities; and any other information that may be useful to the scholarship committee in selecting recipients; AND

Letters of recommendation from two people, preferably of Indian River or surrounding counties.

Signature of Applicant

Date

*****APPLICATION MUST BE RETURNED TO CHURCH OFFICE NO LATER THAN APRIL 1ST***
APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL REQUIRED INFORMATION IS
INCLUDED—REFERENCES, REPORTS, AND STATEMENTS.**

Office Use Only:

Date Awarded or mailed: _____ Amount of award _____

Address sent to if mailed: _____