



## Calvary Lutheran Church Endowment Fund Scholarship Application

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
(First name, Middle initial, Last name)

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

GPA: \_\_\_\_\_

#### **Career Plans**

What is your field of study: \_\_\_\_\_  
\_\_\_\_\_

#### **In order of preference, what college do you plan to attend?**

1<sup>st</sup> school \_\_\_\_\_ Status: \_\_\_Applied \_\_\_Pending \_\_\_Accepted

2nd school \_\_\_\_\_ Status: \_\_\_Applied \_\_\_Pending \_\_\_Accepted

### PARENT/GUARDIAN INFORMATION

Parent 1

First & Last Name: \_\_\_\_\_

Parent 2

First & Last Name: \_\_\_\_\_

**DISCLAIMER & PERMISSIONS**

If selected to receive a scholarship, I give permission to Calvary Lutheran Church to publicize the award and my photo through their choice of media. Yes \_\_\_\_ No \_\_\_\_

**REQUIRED SIGNATURES**

*If you are 18 years or older, you do not need a parent/guardian signature*

**To student applicant**

By signing this application, I guarantee the accuracy of the application and accompanying documents.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Parents/Guardians**

*Your student wishes to apply for local scholarships.*

By signing this application, I guarantee the accuracy of the application and the accompanying documents.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_