

# First Lutheran Church Scholarships

## PERSONAL DATA

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
(if different from above)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

High School

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

What schools are you considering? (College, University, Trade School, etc.)

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# First Lutheran Church Scholarships

## CHURCH, COMMUNITY, AND SCHOOL ACTIVITIES

List activities in which you have participated and/or volunteered during the past four years at any of the following:

- First Lutheran Church or any other church
- Your community
- Your school

Indicate the approximate number of hours involved in each activity each year. Example: Sunday School Teacher - 45 hours/year, Food Shelf Volunteer - 12 hours/year, Teacher's Assistant – 50 hours/year, Basketball – 4 years

Grade 9

Grade 10

Grade 11

Grade 12

# **First Lutheran Church Scholarships**

## **PERSONAL STATEMENT**

Address personal thoughts, concepts or ideas as they relate to how your Christian life will continue into your post-secondary education and beyond. (100-150 words)

## **First Lutheran Church Scholarships**

Please provide an overview of your financial need. How will you be financing your education?  
What approximate percentage of your tuition will be funded by:

- a. your savings/earnings:
- b. parents' contribution:
- c. scholarships and/or loans:

Are there additional factors the committee should consider pertaining to your financial need?

# First Lutheran Church Scholarships

## LETTER OF RECOMMENDATION

Student – please complete Section A. Provide this form to a person who knows you well. This person should not be your pastor, a family member or relative.

Section B. Instructions for individual completing this recommendation - Please return the recommendation directly to First Lutheran Scholarship Program, 116 Inner Drive, Le Sueur, MN 56058. Please let the applicant know that your recommendation has been submitted.

### Section A

Applicant's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Telephone number \_\_\_\_\_

### Section B

Name of Reference \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Length of Acquaintance \_\_\_\_\_

On behalf of the scholarship applicant, please provide a statement concerning the characteristics of the applicant, giving attention to: initiative, integrity, judgment, leadership, reliability and dependability, and other unique personal qualities.

All information submitted will be held in confidence and reviewed only by the First Lutheran Scholarship Team