

GRACE LUTHERAN CHURCH
SCHOLARSHIP APPLICATION

APPLICANT

Enrollment for (Fall) or (Spring), _____
year

Deadline to receive completed Scholarship
Application for Fall enrollment is **May 15**.
Application for Spring enrollment is **Sept. 15**

Legal Name _____
Last First Middle (complete) Jr/etc.

Nick Name _____ Birth Date _____ ☐ Male ☐ Female
mm/dd/yyyy

Preferred Phone Number ☐ Home ☐ Cell ☐ Both _____
(Area Code/s and number/s)

E-Mail address _____

Permanent Home address _____
Number and Street

City/Town State Zip

If different from above, please give your current mailing address

Intended College/University to Enroll _____

Home Church (address) and Pastor's name:

Academic Interests

Career Interests _____

Language Proficiencies _____
☐ Speak ☐ Read ☐ Write

EDUCATION

Secondary Schools

(Most recent secondary school attended) _____

Entry Date _____ Graduation Date _____
mm/yyyy mm/yyyy

Counselor's Name _____ Phone Number _____
Email address _____

List all other secondary schools (if applicable) you have attended since 9th grade, including summer schools or enrichment programs

School Name	Location (City/State/Zip)	Dates Attended (mm/yyyy)

Colleges/Universities List all colleges/university affiliated courses you have taken since 9th grade

College/University Name	Location (City/State/Zip)	Dates Attended (mm/yyyy)	Degrees Earned

***Please have all applicable official transcripts sent to Grace Lutheran Church, attention Scholarship Committee

ACADEMICS

Grades	Class Rank _____ (if available)	Class size _____	GPA _____	Scale _____
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ACT	Exam Dates: _____ mm/yyyy	_____ mm/yyyy	Best Scores	_____ Comp	_____ English	_____ Math
				_____ Reading	_____ Science	_____ Writing

SAT	Exam Dates: _____ mm/yyyy	_____ mm/yyyy	Best Scores	_____ Reading	_____ Math	_____ Writing
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Current Courses (List all courses you are taking this year and indicate level - AP, Advanced, Honors, and credit value)

Full Year/First Semester	Second Semester	Third Semester

LETTERS OF REFERENCE

Please have three (3) references submit a letter to be sent to the church office, to the Attention of the Scholarship Committee. Grace Lutheran Church, LCMS, 9076 Middlebrook Pike, Knoxville, TN 37923.

EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

Please list your principal extracurricular, volunteer, and work activities in their order of importance to you. Provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.).

Grade level	Approximate time spent	When did you engage	Describe Activity
9 10 11 12	Hours/wk Weeks/yr	School year Summer	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
Describe Activity			

WRITING

Briefly elaborate on one of your extracurricular activities or work experiences. Discuss why it was such a significant experience or achievement (no less than 200, or more than 300 words). Attach on a separate page.

PERSONAL TESTIMONY

Please provide your personal testimony as to why you believe you have been drawn to pursue a career path in Christian ministry. Attach a separate page.

Do you grant permission for us to conduct a background check? Yes ☐ No ☐

SIGNATURE

I certify that all information submitted in this application is my work, factually true, and honestly presented.

Signature _____ Date _____
mm/dd/yyyy