APPLICATION FORM FOR A SCHOLARSHIP

(Due to the church office by April 1st)

PERSONAL INFORMATION	ON		
NAME:	DATE:		
PARENTS:	PHONE:		
ADDRESS:			
ACTIVITIES & AWARDS:	:		
YOUTH OF HOPE:	(YES/NO) FREQUENCY OF ATTENDANCE:		
TEEN POWER:	(YES/NO) FREQUENCY OF ATTENDANCE:		
JUBILATION CHOIR:	(YES/NO) FREQUENCY OF ATTENDANCE:		
LECTOR/USHER:	(YES/NO) FREQUENCY OF ATTENDANCE:		
GLOW/TEACHER:	(YES/NO) FREQUENCY OF ATTENDANCE:		
CHRISTMAS PROGRAM:	(YES/NO) FREQUENCY OF ATTENDANCE:		
MISSION TRIP:	(YES/NO) FREQUENCY OF ATTENDANCE:		
BACKPACK PROGRAM: _	(YES/NO) FREQUENCY OF ATTENDANCE:		
SOULS 4 SOULS:	(YES/NO) FREQUENCY OF ATTENDANCE:		
LIST ALL OTHER ACTIVIT OF HOPE LUTHERAN CHU	TIES THAT YOU HAVE PARTICIPATED IN AS A MEMBER JRCH:		
LIST ANY AWARDS, SPEC	CIAL ACHIEVEMENTS (CHURCH, SCHOOL OR OTHER):		

EDUCATION

MY CAREER GOAL IS:		
NAME OF THE SCHOOL Y	OU PLAN TO ATTEND:	
IS THE SCHOOL AN ELCA	A SCHOOL:(YES/NO) YE	EAR IN COLLEGE:
COURSE OF STUDY (MAJ	OR):	
COURSE OF STUDY (MIN	OR IF APPLICABLE):	
	CUPATION REQUIRE GRADUA	
CURRENT GPA:	HIGH SCHOOL GPA (IF DI	FFERENT):
CURRENT SCHOOL YEAR	R (ie: Freshman, sophomore, junior, senior	5 th year senior)
ANTICIPATION GRADUA	TION DATE (ie: Spring '24, Winter '24	·)
ESSAY		
HOPE LUTHERAN AND Y	OF PAPER, PLEASE ANSWER TH OUR FAITH IMPACTED YOU IN HOW YOU INTERACT WITH OT	YOUR CAREER GOALS,
Applicant's Signature	Father's Signature (Or Guardian)	Mother's Signature (Or Guardian)
DATE	DATE	DATE