Resurrection Evangelical Lutheran Church
Scholarship Application

(Application must be returned to the Church office or emailed to scholarships@relchurch.net ***by the due date)***

Name and Address of Applicant: _____

_____

_____

Email Address: _____

Are you an active member of Resurrection Evangelical Lutheran Church: ____yes ____no

College or Institution:

Name: _____

Address: _____

_____

For which academic period is this application: ____Fall ____Spring ____Summer

Semester/Quarter: ____1st ____2nd ____3rd ____4th

Class Standing: ____Freshman ____Sophomore ____Junior ____Senior

How many credit hours do you intend to carry? _____
(Note: You must be a full-time student to remain eligible)

List your present and past participation in the activities of Resurrection Evangelical Lutheran Church: (i.e., Youth Group, Choir, Committees, Special Projects, etc.)

_____ _____

_____ _____

_____ _____

When and where were you confirmed? _____

How many times have you attended church at Resurrection Evangelical Lutheran Church in the past twelve months? _____

How many times have you taken communion in the past twelve months? _____

Application Due Dates:

Applications and Presentation of Receipts will be due as follows

Sessions	Starting	Application Date	Presentation of Receipt
Fall	August-September	August 15	October 15
Spring	January-February	January 15	March 1
Summer	June-July	May 15	August 1

Applications or Receipts received after the published deadlines will not be honored unless any extenuating circumstances are presented in writing to the Endowment Board for consideration at the next scheduled meeting.

_____ _____ _____

Applicants Signature **Date** **Phone Number**