SCHOLARSHIP APPLICATION

St. Olaf Lutheran Church W653 Roosevelt Road Rubicon, WI 53078 920-474-7042

Please complete ALL sections of this application. Type or print using blue or black ink. Use N/A if question does not apply. Appearance will be considered during evaluation. **Mail or drop off this application and ALL required documents listed on the Scholarship Guidelines page in ONE package to:**

St. Olaf Lutheran Church - Scholarship Committee Attention: Committee Chairperson W653 Roosevelt Road Rubicon, WI 53078

Must be postmarked/received by May 1 of qualifying year.

I. APPLICANT INFORMATION

A. Name: ___

	Last	First		Middle		
B.	Home Address: _					
		Number & Street	City		State	Zip
C.	Cell Phone:		Alternative Number	er		
D.	Email Address:_		Date of Birth:			
E.	Marital Status:	# of I	Dependents:			
F.	Are any members	s of your immediate family prese	ently members of St. Ola	ıf?		
	1. Name		Relationship			
	2. Name		Relationship			
	3. Name		Relationship			
II. S	CHOLASTIC IN	NFORMATION				
A.		nd city & state of high schools & ost recent first. Be sure to indic				
Hig	h School / Post-Se	econdary School				
_	_	,	Dates Attended		Year of	Graduation

*	
2. Current Year (Circle one): Freshman Sophomore Junior Senior Graduate School	
3. Anticipated date of graduation (month and year):	_
C. If you are not currently enrolled at a post-secondary school (example: currently graduating from high school) or planning to transfer to another school, list those post-secondary schools to which you have applied below.	are
Post-Secondary School Applied To: Accepted (Yes/No/Unknown): Anticipated Graduation Date: Please note if school a religious school &, so, what denomination	if
D. Anticipated Area of Study:	
E. Specify your current cumulative GPA from the school you are presently attending.	
GPA: on a scale.	
F. <u>SERVICE ACTIVITIES</u> from May 1 st of last year to April 30 th of this (qualifying) year ONLY .	
Be sure to provide only SERVICE-RELATED ACTIVITIES (Attach additional sheet if necessary)	
Name & Location of Organization Describe your Service Activity - Specify Any Leadership Position Dates of Involvement Dates of Involvement Approximate Total Hours of Service Church, Community, Or School-Based & List Contact Person	
Example:Assisted special needs Zachariah's Acres Oconomowoc WI1st Saturday of the month Sept 15 to Feb 20166 hrs /Saturday = 30 hrs totalCommunity Based Emily Enockson	
	-
	_
	-

B. If you are currently enrolled at a **post-secondary school**, indicate:

 	4 DI 4	~ V N			TORY
 ⊢ '\	/1211) Y I	/I = NI I	$HI \sim$	1 ()K Y

A. List recent employment, from May 1st of last year to April 30th of this **(qualifying)** year **ONLY.** Briefly explain duties and responsibilities.

Company's Name	City/State		
Supervisor's Name	Phone #		
Type of Business	Dates Employed	From	to
Duties/Responsibilities	Other Info		
Company's Name	City/State		
Supervisor's Name	Phone #		
Type of Business	Dates	From	to
,,	Employed		
Duties/Responsibilities	Other Info		

V. ADDITIONAL INFORMATION

A.

Share your most significant service experience during this past year (May 1 st of last year to April 30 th of this (qualifying) year:			
	·		

B.	How did that experience impact your life and help you grow as an individual?				
C.	Provide any other pertinent information that the committee should take into consideration when reviewing your application.				
	I agree that this application and all attachments may be used for the purpose of evaluation and selection by the Scholarship Committee of the St. Olaf Lutheran Church and/or representatives designated by the Committee.				
Signa	ature Date				