

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 _____

D. Email Address: _____ Date of Birth: _____

E. Marital Status: _____ # of Dependents: _____

F. Are any members of your immediate family presently members of St. Olaf?

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

II. SCHOLASTIC INFORMATION

A. Provide names and city & state of high schools & post-secondary schools you have attended or are currently attending. List **most recent first**. Be sure to indicate month and year of anticipated or actual graduation.

High School / Post-Secondary School
City & State

Dates Attended

Year of Graduation

High School / Post-Secondary School City & State	Dates Attended	Year of Graduation

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

1. Month and year of initial enrollment: _____

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 are planning to transfer to another school, list those post-secondary schools to which you have applied below.

Post-Secondary School Applied To:	Accepted (Yes/No/Unknown):	Anticipated Graduation Date:	Please note if school is a religious school &, if so, what denomination.

D. Anticipated Area of Study: _____

E. Specify your current cumulative GPA from the school you are presently attending.

GPA: _____ on a _____ scale.

F. SERVICE ACTIVITIES from May 1st of last year to April 30th 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	Approximate Total Hours of Service	Church, Community, Or School-Based & List Contact Person
<i>Example:</i> Zachariah's Acres Oconomowoc WI	Assisted special needs student in outdoor activities	1 st Saturday of the month Sept 15 to Feb 2016	6 hrs /Saturday = 30 hrs total	Community Based Emily Enockson

