St. John's

Endowment and Memorial Committee



St. John's Evangelical Lutheran Church, P.O. Box 178, 119 W. 8th Avenue, Shakopee, MN 55379

STUDENT-ELCA COLLEGE SCHOLARSHIP APPLICATION

I am a member of St. John's and would like to submit my application for consideration of an educational scholarship for the school year fall 2021 through spring 2022.

Student Name:			
Student Address:			
ELCA College I will be atter	nding:		
Program/Major area of studi	es, if known:		
To date, the number of terms	s attended: Semesters	S	_ Trimesters
College ID #:		_	
in my first through for b) Application is for the new application for co	urth year of study. upcoming school year onsideration each year ded will be paid direct f. eation is not a guarant d may or may not be	or only and that I were college to the college ty of receiving a solution of equal value to	any previously awarded
Student Signature			Date
Parent/Guardian Signature _			Date
	Committee Use (Only	
Received	Date	Comments	
Action			Date