

WRITE YOUR NAME HERE: _____

←LOOK

Your status in school during the coming school year: FR SOPH JR SR OTHER
(circle one)

SALEM SCHOLARSHIP APPLICATION

*Salem Scholarship Applications are due on the third Monday in April.
Late applications will not be considered or accepted.*



Return to:
2529 N. LaVenture Rd.
Mount Vernon, WA 98273
office@slcmv.org

Salem scholarships are awarded to qualified applicants who are members of Salem Lutheran Church and full-time students at an accredited university, college, community college, technical or vocational school or seminary.

Scholarships will be awarded based on the following criteria:

- Church participation
- Financial need
- Scholarship
- School activities
- Quality/Professionalism of completed application

***How to complete this application: Please print or type clearly and be neat and legible.
Do not write in margins. Please do not include transcripts or letters of reference.
NEATNESS COUNTS! DO NOT USE PENCIL!***

Name _____ Phone _____

Address _____

Date of birth _____ Name of your high school _____

Father's name _____ Mother's name _____

LAST 4 DIGITS of Your Social Security Number _____

Your high school grade point average _____ *(Do not include transcript)*

Your email address: _____

Year you graduated (or are graduating) from high school _____

What school do you plan to attend in the coming school year? _____

IF YOU ARE NOW ATTENDING COLLEGE, PLEASE ANSWER THE FOLLOWING:

Name of college _____

Address: _____
(Financial Aid office)

Your present class standing: *(circle one)*

Freshman Sophomore Junior Senior Grad Student Seminary

College major _____

Number of college credits earned _____ Grade Point Average _____

Your college student ID # _____

IF YOU ARE NOW ATTENDING COLLEGE, BUT PLAN TO TRANSFER TO A DIFFERENT SCHOOL, PLEASE ANSWER THE FOLLOWING:

Name of college you will attend next year: _____

Address: _____
(Financial Aid office)

Your present class standing: *(circle one)*

Freshman Sophomore Junior Senior Grad Student Seminary

College major _____

Number of college credits earned _____ Grade Point Average _____

Your college student ID # _____ (for next year, if known)

IF YOU ARE NOT NOW ATTENDING COLLEGE, BUT HAVE DECIDED WHERE YOU WILL ATTEND COLLEGE IN THE COMING SCHOOL YEAR, PLEASE ANSWER THE FOLLOWING:

Name of college _____

Address: _____
(Financial Aid office)

Your class standing in the fall: *(circle one)*

Freshman Sophomore Junior Senior Grad Student Seminary

College major (if known) _____

CHECK HERE IF YOU ARE NOT NOW ATTENDING COLLEGE, AND HAVE NOT DECIDED WHERE YOU WILL ATTEND COLLEGE IN THE COMING SCHOOL YEAR. PLEASE ADVISE THE CHURCH OFFICE AS SOON AS YOU MAKE THAT DECISION.

**ACTIVITIES — High school grads—During the 4 years in High School
College Students—Current Activities**

Salem church activities:

School & community activities, awards, etc.

FINANCIAL INFORMATION

What are your estimated expenses for the coming school year?

Tuition & books? _____

Room & board? _____

What amount (if any) do you expect your parents to contribute? _____

What amount do you expect to contribute from your own resources? _____

Do you have any loans at present? Yes _____ No _____

If yes, amount borrowed _____

Have you been awarded other scholarships? Yes _____ No _____

If yes, amount awarded _____

Will your school award matching funds for your home congregation scholarship?

Yes _____ No _____

Are there special conditions to take into account regarding your application for this scholarship? Please identify (i.e. limited family income, family illness, several children in college at the same time, etc.)
(Use additional paper if necessary)

Please write a paragraph (100-150 words) concerning your college plans, future goals or any additional information that you feel will help in evaluating your application. Paragraph may be attached as a separate document.

Give two persons as references (Do not include the pastors or youth director)

(Do not include letters of reference.)

Name _____

Address _____

Name _____

Address _____

Signature of applicant _____

Date _____

Please Note: Scholarships must be used during the school year applied for, or money will be forfeited. Applicant must re-apply for the next school year.