

I. Personal Info

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Baptized: ☐ Yes ☐ No Date _____

Confirmed: ☐ Yes ☐ No Date _____

DCLC Member
since: _____

II. Application InfoFirst time application: ☐ Yes ☐ NoRenewal application: ☐ Yes ☐ No

Where do you plan to attend?

If yes, school attending:

Faith statement
submitted: ☐ Yes ☐ No

GPA: _____

Current transcript
submitted: ☐ Yes ☐ No**III. List any Desert Cross activities and/or ministries in which you have participated:**

DATE RECEIVED: _____

DATE APPROVED: _____

DESERT CROSS LUTHERAN CHURCH
8600 South McClintock Drive
Tempe, Arizona
85284

Phone: 480-730-8600
Email: endowment@desertcross.org

Form approved: August 1, 2023