

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

**SALEM SCHOLARSHIP APPLICATION**

*Salem Scholarship Applications are due by May 15.  
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? \_\_\_\_\_

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**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.**