



Mountain View Lutheran Church Educational Scholarship Application

I. Applicant Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

How did you hear about Mountain View Lutheran Church and the Educational Scholarship:

High School attended: _____

High School GPA: _____ (on 4.0 non-weighted scale) Class rank: _____ out of _____

Please attach official high school transcript.

SAT scores: Critical Reading: _____ and/or ACT cumulative scores: _____

Math: _____

Writing: _____

Lutheran college to which applicant has been accepted:

II. Listing of School, Church, and Community Activities

Please include years active, name of activity, and your involvement. Note any offices which you have held. Attach a separate sheet if needed.

III. Listing of Employment

IV. Listing of Special Awards or Recognitions Received

Please include years, type of award, and reason received. Attach a separate sheet if needed.

V. Brief Explanation of College Expenses

The following expenses are expected to be incurred for the coming year:

_____ Registration
_____ Tuition
_____ Transportation
_____ Room & Board
_____ Textbooks
_____ **TOTAL**

Amount of money expected from other sources:

_____ Family
_____ Earn during summer
_____ Earn during school year
_____ Loans, scholarships
_____ Other
_____ **TOTAL**

VI. Vocational Intent

Briefly state your educational goals and plans for future ministry:

VII. Recommendation

Please attach one written recommendation from an adult other than a family member.

VIII. Personal Essay

Please attach a one page personal essay describing the process by which you arrived at your current career plan. Include events or person(s) that influenced your choice. Also include your personal strengths, qualities, and/or characteristics. Include the events or person(s) who helped you develop those qualities.

APPLICATION for scholarships must be made to the Scholarship Committee before April 15th or at least by two (2) months prior to the beginning of the school year. Written notification of the amount of the scholarship will be sent to each applicant within 60 days.

The Scholarship Committee will judge each applicant on his/her own merits.

I understand that this scholarship grant will be paid directly to the school which I attend which will be _____, located in _____. I have read the Policy Statement and Program Requirements regarding this grant and intend to comply with such regulations and keep the Committee informed of my progress.

Student's signature: _____ Date: _____

Parent /Guardian signature: _____ Date: _____