

FIRST LUTHERAN CHURCH CHRISTIAN GROWTH FUND SCHOLARSHIP APPLICATION

Please fill out this application and return it to the church office.

Name of Applicant:			
Date of Birth:		Telephone Number:	
Address:			
Parents Names:			
Financial Aid Office for the School Applicant is planning to attend:			
Address:		City:	State: Zip:

In the space below, briefly summarize your school, community and church activities (including your association with First Lutheran Church). List organizations of which you are a member and offices held. Attach an additional page if needed.

FOR COMMITTEE USE ONLY:	Date acted upon:
Approved (Yes/No):	Amount:
Date for Disbursement:	
Category:	