



Student Scholarship Application
For High School Seniors Applying to an ELCA College
NW MN Synodical Women's Organization

Name (include middle initial): _____ Date of birth: _____

Address: _____ Contact Phone# _____

City: _____ State: _____ Zip Code: _____

E-Mail Address _____ Male: _____ Female: _____

Father's Name: _____ Living: _____ Deceased: _____

Father's Occupation: _____ Place of Employment: _____

Mother's Name: _____ Living: _____ Deceased: _____

Mother's Occupation: _____ Place of Employment: _____

List Siblings and Their Ages: _____

Name and full mailing address of congregation of which you are a member:

Pastor's Name: _____

List church organizations to which you have belonged or belong to now and offices you have held: _

List school and community organizations to which you **have** belonged or belong to now and honors or recognitions you have received: _

List the complete name and address of the college of the ELCA (Evangelical Lutheran Church of America) you plan to attend after graduation from High School: _

What career do you have in mind after completing your post-secondary education? _____

Write a brief paragraph about yourself including what Christ has meant to you in your life:

Pastor's Statement

Applicant's Name: _____

Comments:

Name of Pastor: _____

Date: _____ Phone Number: _____

School Verification

Applicants Name: _____

School Name: _____

Address: _____

Applicant's Approximate GPA _____

Comments: _____

Signed: _____ Date: _____

Return to: Margaret Kragerud
118 Hobart Street
Hawley, MN 56549-4108
218-483-4923
krageruds@live.com

DEADLINE: May 1, 2017 (Postmarked on or before)