

THE ST. MARK LUTHERAN CHURCH MARY M. HOFFMAN SCHOLARSHIP APPLICATION

APPLICANT'S NAME: _____

BIRTH DATE: MONTH/DAY/YEAR: _____

PARENTS' / LEGAL GUARDIANS' NAMES: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE: _____

NUMBER OF YOUNGER SIBLINGS: _____ NUMBER OF OLDER SIBLINGS: _____

IF SIBLINGS ARE ANY PRESENTLY IN COLLEGE: _____ IF YES, HOW MANY: _____

HAVE YOU APPLIED FOR ANY OTHER ASSISTANCE? SPECIFY THE AMOUNT REQUESTED:

LOANS: _____

GRANTS AND SCHOLARSHIPS: _____

HAVE YOU BEEN AWARDED ANY GRANTS, OR SCHOLARSHIPS? _____ AMOUNT? _____

HIGH SCHOOL GRADUATION DATE: _____

NAME OF HIGH SCHOOL: _____

ADDRESS OF HIGH SCHOOL: _____

LAST SCHOOL ATTENDED: _____

ACT SCORE/ [IF TAKEN]: _____ SAT SCORE/ [IF TAKEN]: _____

**IN WHAT WAY(S) HAVE YOU BEEN INVOLVED IN THE CHURCH? _____

**IN WHAT WAY(S) HAVE YOU BEEN INVOLVED IN YOUR COMMUNITY? _____

****IF ADDITIONAL SPACE IS NECESSARY FOR RESPONDING TO THE ABOVE QUESTIONS PLEASE SIMPLY ATTACH ANY ADDITIONAL SHEETS/ PAGES TO THE APPLICATION AT THE TIME OF SUBMISSION. YOU MAY ALSO INCLUDE YOUR RESPONSES WITHIN THE BELOW REQUESTED AUTOBIOGRAPHY.**

HOW MANY YEARS HAVE YOU BEEN A MEMBER OF ST. MARK LUTHERAN CHURCH? _____

BEFORE JOINING ST. MARK, WERE YOU A MEMBER OF ANOTHER CHURCH?

IF YOUR RESPONSE IS YES, WHAT CHURCH AND FOR HOW MANY YEARS? _____

PLEASE SUBMIT A DETAILED AUTOBIOGRAPHY. YOU MAY USE AS FEW OR AS MANY PAGES AS YOU NEED TO TELL US ABOUT YOURSELF, YOUR NEEDS, HOPES AND DREAMS, THE SITUATIONS AND CIRCUMSTANCES THAT HAVE MADE YOU WHO YOU ARE, YOUR PLANS FOR THE FUTURE, ETC., INFORMATION TO INCLUDE [BUT NOT LIMITED TO] SCHOOL(S) YOU PLAN TO ATTEND, INTENDED MAJOR/ MINOR AND ANY OTHER PERTINENT INFORMATION YOU WOULD LIKE TO SHARE WITH THE COMMITTEE REGARDING YOUR EDUCATIONAL PLANS.

PLEASE SUBMIT A CERTIFIED COPY OF YOUR OFFICIAL HIGH SCHOOL, TRADE SCHOOL OR COLLEGE TRANSCRIPT(S).

PLEASE SUBMIT TWO LETTERS OF REFERENCE.

IF REQUESTED, WOULD YOU BE ABLE AND WILLING TO PROVIDE ADDITIONAL FINANCIAL INFORMATION TO THE SCHOLARSHIP SELECTION COMMITTEE? ANY ADDITIONAL INFORMATION PROVIDED WILL BE USED FOR THE SOLE PURPOSE OF OUR EVALUATION PROCEDURES. WE WILL RETURN BACK / [OR DESTROY UPON YOUR REQUEST] SAID INFORMATION IMMEDIATELY FOLLOWING THE COMPLETION OF THE ANNUAL SELECTION PROCESS. ALL INFORMATION SUBMITTED WILL REMAIN STRICTLY CONFIDENTIAL.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

