

Leslie Ann Scholarship Student Application

ALL blanks must be filled in for application to be considered. All applications **MUST BE RECEIVED** by July 1, 2014 to be considered. Late applications will not be accepted. Type or print clearly.

1. Date of Application: _____
2. Applicant's Contact Information:
 - a. Name: _____
 - b. Home Street Address: _____
 - c. State and Zip Code: _____
 - d. Home Telephone: _____
 - e. Cell Phone: _____
 - f. Email Address: _____
3. Date of Birth: _____
4. High School Attended: _____
 - a. Address: _____
 - b. Phone: _____
 - c. Graduation Date: _____
5. College accepted to and attending this fall: _____
 - a. Street Address: _____
 - b. State and Zip Code: _____
 - c. Phone: _____
 - d. Full Time or Part Time Student? _____
 - e. What area of study, program or degree will you pursue? _____
 - f. Expected Graduation Date: _____
6. Are you an **ACTIVE** member (Received communion or contributed in the past year) of Greenford Lutheran Church? _____
If so, list areas of participation at church (past and present): _____

7. How will you continue to grow in your Christian faith while attending college? _____

8. List memberships and participation in school and community organizations. Indicate offices held, honors, awards and other achievements: _____

9. Explain your educational plans as they relate to you and your career goals. Include a point you would like the scholarship committee to remember about you when reviewing all of the scholarship applications: _____

10. If applicable, report any unusual family, personal or financial circumstances you feel warrant consideration by the scholarship committee: _____

I authorize the Leslie Ann Scholarship Committee to share my information within the committee.

Applicant's Signature

Date Completed

****FIRST YEAR SCHOLARSHIP APPLICANTS MUST ALSO SUBMIT THEIR HIGH SCHOOL TRANSCRIPT AND TWO REFERENCE LETTERS.**

****RETURNING SCHOLARSHIP APPLICANTS MUST SUBMIT COLLEGE TRANSCRIPTS FROM THE PREVIOUS YEAR OF COLLEGE.**