

**HOLY CROSS LUTHERAN CHURCH ENDOWMENT FUND**

**SCHOLARSHIP APPLICATION FORM**

**PERSONAL DATA**

Name: \_\_\_\_\_

Your address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
Email: _____		

**EDUCATIONAL BACKGROUND**

School currently attending: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

School you plan to attend next academic year and date classes begin \_\_\_\_\_.

Address: \_\_\_\_\_

Phone Number of Admission Office: \_\_\_\_\_

Phone Number of Financial Aid Office: \_\_\_\_\_

**APPLICATIONS MUST BE RECEIVED BY THE ENDOWMENT COMMITTEE BY MAY 15, 2022**

If you have not yet decided on a school please attach a list of the names of the schools you have applied to, plus the date classes begin, the address, phone number of admission office and phone number of financial aid office for each, and the date by which you anticipate receiving a decision from each. Once you have been accepted to the institution of your choice please provide proof of admission. Scholarship funds may be tentatively awarded pending proof of admission. However, no funds will be disbursed without proof of admission. If proof of admission is not provided on or before September 15 any pending scholarship award will be revoked for that school year.

**PLEASE ATTACH PROOF OF ADMISSION TO THIS APPLICATION WHEN AVAILABLE.** Proof will

usually include a letter from your school certifying that you are enrolled for the upcoming term/semester. If you attended the same school the prior year, please also provide a copy of your transcript.

**USE OF SCHOLARSHIP FUNDS**

How do you plan to use any scholarship funds that may be awarded to you by the Holy Cross Lutheran Church Endowment Fund? (Check one or more boxes/You may allocate by percentage if you wish).

Tuition \_\_\_\_\_

Fees \_\_\_\_\_

Books \_\_\_\_\_

Other Supplies or Equipment (please explain) \_\_\_\_\_

**YOUR HOLY CROSS CONNECTION**

Please explain your connection to Holy Cross Lutheran Church. If you are not a member please state which current member of Holy Cross you are related to and how. If you are a Member Friend as defined by the Holy Cross Lutheran Church Endowment Fund Scholarship Policy and Guidelines please submit a letter from the Holy Cross member recommending you for scholarship assistance together with this completed application form.

\_\_\_\_\_

\_\_\_\_\_

Scholarship funds are awarded on the basis of need. Successful applicants must establish that they cannot afford higher education without loans, grants and/or scholarship assistance. Please attach a short statement (approximately one-half to one page in length) describing your need for financial assistance, and how this grant will help you pursue your educational goals. We intend to share this information with the Holy Cross Congregation unless you indicate in your statement that you wish all or part of this information to remain anonymous.

**APPLICANT ACKNOWLEDGES RECEIPT OF THE HOLY CROSS LUTHERAN CHURCH ENDOWMENT FUND SCHOLARSHIP POLICY AND GUIDELINES AND HEREBY AGREES TO THE TERMS AND CONDITIONS OF SCHOLARSHIP AWARDS SET FORTH IN THOSE POLICIES AND GUIDELINES.**

**Please Return Application Form To:**

**Holy Cross Lutheran Church**

**Attn: Endowment Committee**

**1998 Lansing Ave. NE**

**Salem, OR 97301**

By Applicant's signature below, Applicant certifies that the information submitted in this Application and all attached statements are true. Applicant further certifies that any award received pursuant to this Application shall only be used for the purposes identified in the Application.

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Signature of Applicant

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Date of Application