

**Holy Cross Lutheran Church Endowment Fund
Scholarship Application Form**

PERSONAL DATA

Name: _____

Address: _____

Phone: _____

Email: _____

EDUCATION BACKGROUND

School Currently Attending: _____

High School Graduation Date: _____

School you plan to attend next academic year and date classes
begin: _____

School Address: _____

Admission Office Phone number: _____

Financial Aid Phone Number: _____

APPLICATIONS MUST BE RECEIVED BY THE ENDOWMENT COMMITTEE BY JUNE 1ST, 2023

If you have not decided on a school please attach a list of the names of schools you have applied to, plus the date classes begin, the address, the phone number of admissions and financial aid of 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 1st any pending scholarship award will be revoked for that school year.

PLEASE ATTACH PROOF OF ADMISSION TO THIS APPLICATION IF AVAILABLE.

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 /you may allocate by percentage if you wish)

Tuition_____

Fees_____

Books_____

Other (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:

Please attach a short statement (approximately ½ page in length) describing how this grant will help you pursue your educational goals. We intend to share this information with the Congregation unless you indicate in your statement that you wish this information to remain anonymous.

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

Please return form to:
Holy Cross Lutheran Church
Attn: Endowment Committee
1998 Lansing Ave NE
Salem, OR 97301

Signature of Applicant

Date of Application