



9143 Haskins St.
Lenexa, KS
66215-3666

Office: 913-888-5051
www.salemlutheran-ks.org

Scholarship Application From

Name

Last

First

Middle Initial

Date

Permanent Address

Number & Street

City

State

Zip Code

Current Address

Number & Street

City

State

Zip Code

Home Phone

Cell Phone

Date of Birth

Father or Guardian

Mother or Guardian

Name _____

Name _____

Relationship _____

Relationship _____

Home Address _____

Home Address _____

Relationship to Salem Lutheran Church _____

EDUCATION INFORMATION

To which institutions have you applied and to which have you been accepted? _____

Which institution do you plan to attend in the Fall? _____

High School Grade Point Average _____

School & Community Activities (Clubs, Athletics, Student Government, Scouts, Church, Music, Community, etc)

Name of Activity

Years of participation

Office(s) held

Honors earned in school

Special / other considerations for the committee to consider: (Financial need, family situation, etc.):

Completion of essay (500 words or less) on one of the following topics:

- What religion means to me.
- Elaboration of your church activities.
- Why community service is important to me.

Attach the completed essay to this application form. Add additional pages if necessary.

I certify that: The information contained in this application is complete and accurate. I will use any assistance given me only for the purpose of furthering my education. I will conduct myself as a responsible scholar and apply myself industriously to my studies and scholastic opportunities. I will refrain from any activity which might bring disrespect on myself, my family, Salem Lutheran Church, my school, or my community.

Date: _____ Student Signature _____

PARENT/GUARDIAN VERIFICATION: We have checked this application for omissions and errors. To the best of our knowledge, the information reported is complete and correct.

Date: _____ Parent Signature _____