FIRST LUTHERAN COMMUNITY CHURCH 2024 SCHOLARSHIP APPLICATION

Deadline:Postmarked by May 11, 2024

Qualifications: Applicant must be:

- demonstrating a grade point average of 3.0 or above
- planning to attend, during the 2024-2025 academic year, an accredited institution of higher education (community college, four year university, or technical school) and accepted prior to final release of funds

Applicant must submit in one envelope:

- ✓ Application: completed and signed
- ✓ **Transcript:** last published before May 11, 2024 from current school (photocopy acceptable)

Postmarked by May 11, 2024

MAIL completed application to:

rtcc Scholarship Committee
c/o Deanna Stivers
1942 SW Wildwood RD
Port Orchard, WA 98367

Applications are **NOT** to be left at the church or church office.

Be sure to call with questions/concerns; we really want to help you succeed!

Questions should be directed to Deanna Stivers 360-265-6136

Note: This application may be downloaded from your computer.

FIRST LUTHERAN COMMUNITY CHURCH 2024 SCHOLARSHIP APPLICATION

Nar	ne:				
Last name		First			Middle Initial
Mai	ling Address:				
City	:	State:	Zip:		
EMAIL		Phone			
		High School attendance			
	Name of School	Dates attended (mo./yr.)	G.P.A.	Graduate Y/N?	
1					-

1. 1. What honors, awards, or recognition have you received (or for which you were nominated) at school, church or in the community?

2 3 4

1. 2. What activities are/were you involved with in your school or community?

3. What is or has	3. What is or has been your involvement with First Lutheran Community Church?								
4. Why do you wa financing of your ed		nip? What are YOU	I doing to assist with	n the					
5. * Attach a one page typed letter explaining in your own words your educational plans, area of study, and how this scholarship will help you achieve your career goals. Include any pertinent facts you think might help the scholarship committee in making a decision to award a scholarship to you. References: Include the names (non-relatives) and phone numbers of supervisors or responsible persons as references. (Use margins/other side if necessary.)									
or responsible persons Name of	as references. (Dates –	Supervisor	Phone #						
Organization	mo/year			_					
I hereby certify that: all the information provided in this application is true; I personally completed this application; I composed the contents included in step 5 regarding my personal educational plans, area of study, and effect of this scholarship on my career goals. I understand I may have someone proofread this application before mailing it. I also understand that the FLCC Scholarship is for the 2024-2025 Academic Year only.									
Signature:Date:									

Completed Application Deadline: Postmarked by May 11, 2024