## FIRST LUTHERAN COMMUNITY CHURCH 2025 SCHOLARSHIP APPLICATION

## Deadline: Postmarked by May 4, 2025

**Qualifications**: Applicant must be:

- A member of First Lutheran Community Church of Port Orchard, WA
- A graduating high school senior
- Demonstrate a grade point average of 3.0 or above
- Plan to attend an accredited institution of higher education (community college, four year university, or technical school) during the 2025-2026 academic school year and accepted prior to final release of funds.

## **Submit in one envelope:**

**Application:** Completed and signed

**Transcript:** Last published before May 4, 2025 from current school

(photocopy acceptable)

Postmarked by May 4, 2025 MAIL completed application to:

FLCC Scholarship Committee c/o Shara Nelson 7320 Bellingham Ave. SE Port Orchard, WA 98367

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

Questions should be directed to Shara Nelson 253-232-3061

## FIRST LUTHERAN COMMUNITY CHURCH 2025 SCHOLARSHIP APPLICATION

_ Mailing <i>I</i>	Address:			
City:		State: Zip:_		
EMAIL		Phone		
	High Scho	ool attendance		
	Name of School	Dates attended (mo./yr.)	G.P.A.	
1				
2				
3				
4				
	at school, in your commu	have you received or for which	/	
ominated	ac sansan, iii yaan aaniina	iriity, or charch.		
ominated	ac sansay, iii yaan aaniina	ariity, or charch.		
		in at school or in your communit	cy?	
		,,	cy?	
		,,	cy?	
		,,	cy?	

3. What is or has been your involvement with First Lutheran Community Church?

1.

2.

4.	Why do you want this scholarship? What are you doing to assist with the financing of your education?						
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.						
<u>Re</u>	<u>ferences</u> :						
	Include the names of professional references and phone numbers of supervisors or responsible persons as references.						
	Organization	Date MM/YY	Supervisor name	Phone #			
I h	ereby certify: all the info completed this application my personal educationa my career goals. I also 2025-2026 academic ye	on; I composed t I plans, area of st understand that t	he contents included tudy, and effect of the	l in step 5 regarding iis scholarship on			
Signature:		<del></del>	Date:				
Completed Application Deadline: Postmarked by May 4, 2025							