

Chisago Lake Evangelical Lutheran Church Scholarship Fund

Purpose: For current members of Chisago Lake Evangelical Lutheran Church or children of current members to provide scholarship grants for higher education and vocational training.

Endowments have been given to the glory of God and in memory of:

Edith and Arnold Johnson
Victor and Ellen Engstrand
Wilhelm and Estelle Hall

1. Eligibility shall be based primarily on financial need, with consideration given to academic and vocational achievement, service to the church, school, and community.
2. Primary eligibility shall be given to those students attending a church related college, university, or seminary, but also consideration will be given to those attending public college, university, or vocational institute.
3. Scholarships must be used within 12 months of the award.
4. Funds shall be paid directly to the institution for tuition or school fees.
5. The amount of scholarship grants in any one school year shall be determined by the amount of funds available and the amount to be determined by the scholarship committee.
6. Selection of recipients shall be made by a committee appointed by the church council of Chisago Lake Lutheran Church.
7. Applicants must submit a copy of the most recent high school or post secondary school transcript with the application.
8. Applications must be received by June 17th, 2022 and scholarship recipients will be notified in July, 2022
9. Notification of recipients will be provided to identify heirs of this endowment.

Chisago Lake Evangelical Lutheran Church Scholarship Fund

Chisago Lake Evangelical Lutheran Church

P. O. Box 175

Center City, Minnesota 55012

APPLICATION FOR SCHOLARSHIP

Name _____
Last First Middle Maiden Name

Address _____
House Number and Street City State Zip

Birth Date _____ Home Telephone _____
Month Day Year Area Code

Parent's Name _____

Employer's Name (if employed) _____

Applicant Signature

Date

EDUCATION

Type	Name and Location of School	Course or Major	Did you Graduate? Yes No	How Many Yrs. Did You Attend? 9 - 10 - 11 - 12	Ave. Grades
High School		Regular	/		
College or University			/	1 - 2 - 3 - 4	
Correspondence School			/		
Special or Vocational School			/		

NOTE: The Committee will not review your application unless you submit a copy of your most recent High School or post secondary transcript with this application.

SCHOOL INFORMATION

Name of School you plan to attend:

First Choice

Type:

Location

College _____

Have you applied? ___ Yes ___ No

University _____

Have you been accepted? ___ Yes ___ No

Seminary _____

Second Choice

Other _____

Location

Have you applied? ___ Yes ___ No

Have you been accepted? ___ Yes ___ No

Course of Study: Major _____ Minor _____

What are your goals as you pursue your education?

Explain your financial need for this scholarship.

Describe your work experience.

(Use another sheet of paper, if necessary, or use the back of this one.)

COLLEGE FINANCIAL INFORMATION - *This section must be completed.*

RESOURCES

Scholarships:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Parents: \$ _____

Applicants Savings: \$ _____

Summer Earnings : \$ _____

Loans: \$ _____

Other Assets: \$ _____

TOTAL: \$ _____

Expenses:

Fees & Tuition: \$ _____

Room & Board: \$ _____

Books & Supplies: \$ _____

Personal Expenses: \$ _____

Transportation: \$ _____

TOTAL: \$ _____

Total Expenses \$ _____

Subtract

Total Resources \$ _____

Additional

Resources Needed: \$ _____

Parents Annual Adjusted Gross income from 2021 IRS Form 1040 or 1040A

Father _____ Mother _____ Total _____

Parent/s Savings

Father _____ Mother _____ Total _____

How many dependent children, including the applicant, will you claim as Federal income tax exemptions?

Last Year _____ This Year _____

How many dependent children entered above will be attending post-secondary schools next year? _____

I certify that the above information is accurate and true.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

**CHISAGO LAKE EVANGELICAL LUTHERAN CHURCH
SCHOLARSHIP FUND**

PERSONAL REFERENCE FORM

Student	Street Address	City	State	Zip
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In the process of making application for the Chisago Lake Ev. Lutheran Church Memorial Scholarship award, the applicant has been asked to submit it to either a school staff member (teacher, counselor, administrator, etc.) and/or a Pastor. To help the Scholarship Committee better evaluate this applicant, please answer the following question, sign and date the form at the bottom, and return to the Chisago Lake Ev. Lutheran Church Memorial Scholarship Fund, P. O. Box 175, Center City, MN 55012. If you have any questions or desire further information, please contact (651) 257-6300.

- 1A. How long have you known the applicant?
- 1B. What is your relationship to the applicant?
2. What is your estimate of the applicant's potential for post secondary achievement?

3. List any awards, achievements or activities that the applicant has participated in or received.

4. List any additional information you feel is pertinent to the applicant.

I certify that the above information is accurate and true.

Name and Title

Mailing Address

Phone

Date

Return to: Chisago Lake Evangelical Lutheran Church
Scholarship Fund
Chisago Lake Evangelical Lutheran Church
P. O. Box 175
Center City, MN 55012