

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 on financial need, academic and vocational achievement, and 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. Incomplete applications may result disqualification and/or a lower amount awarded to applicant.
8. Applications must be received by June 16th, 2024 and scholarship recipients will be notified in July, 2024.

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.)

**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 or email to office@chisagolakelutheran.org If you have any questions or desire further information, please contact (651) 257-6300.

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. List strengths and gifts you feel this applicant has that would impact our consideration of him/her for scholarship.

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 Lutheran Church Scholarship
Chisago Lake Lutheran Church
P. O. Box 175
Center City, MN 55012

Or email: office@chisagolakelutheran.org