

GLADYS L. JOHNSON SCHOLARSHIP TRUST
Chisago Lake Lutheran Church
P. O. Box 175
Center City, Minnesota 55012

office@chisagolakelutheran.org

FOR: 1. Residents of Minnesota and Wisconsin High Schools

- RULES:
1. Eligibility based on financial need, academic and vocational achievement, service to school and community.
 2. Type of school may be any private college, public college, university, or vocational institute.
 3. Scholarship must be used within 12 months of award.
 4. Funds will be paid directly to the institution by Gladys L. Johnson Scholarship Trust to defray living cost, tuition and supplies. The receiving institution must account for the use of the funds.
 5. Scholarship grants in any one school year are for amounts of up to \$1,000. Each application is good for one year only.
 6. Selection of recipients shall be made by a committee appointed by the church council of Chisago Lake Lutheran Church.
 7. Applicant must submit a copy of the most recent high school transcript with the application.
 8. Incomplete applications may result in disqualification and/or lower amounts awarded.
 9. Applications must be **mailed or emailed to the Chisago Lake Lutheran office no later than June 16 to the address above.**
 10. **AWARDS:** Scholarship recipients will be notified in July.

**GLADYS L. JOHNSON SCHOLARSHIP TRUST
BOX 175
CENTER CITY, MN 55012**

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone Number _____ Graduation Date _____

HIGH SCHOOL INFORMATION

High School _____ City _____

PSEO: College _____ City _____

Rank _____ Cum. GPA _____

ACT _____ SAT _____

Counselor Signature _____

You MUST attach an official copy of your transcript

COLLEGE INFORMATION

1ST Choice _____ City _____
Applied: Y / N Accepted: Y / N

Major: _____ Minor: _____

***Scholarship Application MUST be
Mailed or emailed to the Chisago Lake Lutheran at the
address listed above by June 16, 2024.***

ACTIVITIES & AWARDS

Please list all activities and awards you have received. If you need more space, attach an additional page.

PERSONAL REFERENCES

A personal reference form is enclosed. You may duplicate this for additional references (up to 3) or submit a letter of reference. Please have either a school staff member or pastor complete the attached form and return it to your High School.

References:

- 1. _____ Relationship _____
- 2. _____ Relationship _____

PERSONAL STATEMENT

Use the space provided below to write how this scholarship would benefit your educational goals and financial needs.

Name: _____

Date: _____

Signature: _____

