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 <u>up to</u> \$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 SCHO	OOL INFO	ORMATION	
High School		City	
PSEO: College		City	
Rank	Cum. (GPA	
ACTSAT			
Counselor Signature			
You MUST attach	an official	copy of your transc	cript
COLLEG	E INFOR	MATION	
1 ST Choice		City	
Applied: Y / N		Accepted: Y /	N
Major:	Mino	,, ,	
viajui		1	

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

CHURCH/COMMUNITY SERVICE / VOLUNTEERING

Please list all community service or volunteering activities you have been involved with. If you need more space, attach an additional page.

Service	Organization	Years Participated
	<u>l</u>	

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 and financial needs.	o write how this scholarship would	d benefit your educational goals
Name:		Date:
Signature:		

GLADYS L. JOHNSON SCHOLARSHIP TRUST PERSONAL REFERENCE FORM

Student			
Street Address	City	State	Zip
is in the process of making applicant has been asked to administrator, etc.) or paster please answer the following Lake Lutheran Church. If (651) 257-6300.	submit it to either a scor. To help the Scholars questions, sign, date t	hool staff member (ship Committee bet he form at the botto	(teacher, counselor, ter evaluate this applicant, om, and return to Chisago
1. How long have you kno	wn the applicant?		
2. What is your relationship	p to the applicant?		
3. List strengths and gifts him/her for this scholarship	·	as that would impa	ect our consideration of
4. List any additional infor	rmation you feel is perti	inent to the applicar	nt.
I certify that the above info	ormation is accurate and	l true.	
Name and Title			
Address			
Phone	Dat	te	

PLEASE RETURN the reference form to Chisago Lake Lutheran Church, P.O. Box 175, Center City, MN 55012 or email to office@chisagolakelutheran.org by June 16, 2024.