**Elim Lutheran Church Foundation**

**Scholarship Application Packet**

**Thank you for your interest in the Elim Lutheran Church of Scandia Foundation**. Please review the requirements listed below. To apply for a scholarship, please complete and return the attached scholarship application. **To be eligible for consideration, all applications must be received by October 1, 2024.**

**Eligibility Requirements**

* Applicant must be an active member of Elim Lutheran Church.
* Applicant must be currently enrolled in a Lutheran seminary, Lutheran college, or a technical college.
* Applicant must be a high school graduate, have a GED equivalent, or be honorably discharged from the military.
* All fields, except those marked as optional, are required. Incomplete applications may be disqualified.
* Applications must be filled out by the applicant.

Deliver, mail, or email the completed application to:

Elim Lutheran Church

Attn: Elim Foundation

20971 Olinda Trail N.

P.O. Box 67

Scandia, MN 55073

foundation@elimscandia.org

If you have questions, call the church office at 651-433-2723.

***Scholarship distributions are awarded in January 2025***

* Please print or type. Use additional pages if more space is needed.

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| **Scholarship Applicant Information** |
| **Name of Scholarship Applicant** | **Date Completed** |
| **Address of Scholarship Applicant** (Street, City, State, Zip) |
| **Phone Number of Scholarship Applicant** | **Email Address of Scholarship Applicant (optional)** |
| **Are you a member of Elim Lutheran Church?** [ ]  Yes [ ]  No  |
| **Are you currently enrolled in a Lutheran Seminary, Lutheran College, or Technical College?** [ ]  Yes [ ]  No |
| **What is the name and address of the educational institution in which you are enrolled?** |
| **What are your educational goals?** |
| **How have you shared the love of Jesus Christ through Christian outreach and fellowship through activities at Elim, school, work, and within the community? (Limit your response to 500 words or less.)** |

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| **How do you perceive your education affecting your Christian faith? (Limit your response to 500 words or less.)** |
| ⮛ ⮛ **Office Use Only** ⮛ ⮛ |
| **Date Application Received** | **Date Reviewed** |
| **Notes:** |
|  [ ]  Approved [ ]  Denied | **Date of Action** |