

19001 Jackson St. NE, East Bethel, MN 55011, phone: 763-434-6117, email: oslc@oursaviourslc.org

SCHOLARSHIP APPLICATION

STUDENT'S NAME				GRADE	AGE	
PARENT/GUARDIAN NA	AME					
ADDRESS						
CITY	ZIP CO	DE	EMAIL			
DAY PHONE	AY PHONE EVENING PHONE					
SPECIFIC EVENT/PROG	RAM APPLYING FOR					
EVENT/PROGRAM DAT	TE(S)	_		COST		
Scholarship funds are available to help make church related programs and events affordable for our children and youth. The funds are supported primarily through donations and fundraising. Anyone involved with the ministry and mission of Our Saviour's Lutheran Church is entitled to apply. Funds are available as a grant or loan. Distribution of funds will be at the discretion of the Director of the specific program in consultation with other program staff. The amount granted will be based on the number of requests filed, fund availability, type of event, and other details specific to the event or program. ALL APPLICATIONS ARE KEPT STRICTLY CONFIDENTIAL.						
PLEASE ANSWER THE FOLLOWING QUESTIONS						
What portion of the event will you or your family be able to pay for? \$						
Are you willing and able to help with future fundraising opportunities?						
PARENTS, will you help y	your son or daughter with fundr	raising events	s?			
PARENT/GUARDIAN	SIGNATURE			DA T	ΓE	
PLEASE RETURN THIS FORM TO THE CHURCH OFFICE						
OFFICE USE ONLY						
Date Received	Amount Granted	Min	istry			
Approved by						