



St. John Evangelical Lutheran Church Consolidated Scholarship Application

Please check (X) applicable scholarships: Tank Scholarship Earl Johnson Memorial Phyllis Parks Endowed Younker Scholarship ____St. John Scholarship (ELCA College) Applicant's Name: Applicant's Parents' Names: Applicant's Address: Telephone: ______ Email: _____ High School: GPA (please include scale): Estimate your frequency of worship attendance (how many times per month)? _____ Please tell us of your involvement in the ministries at St. John (past, present, future).

Tell of your career aspirations and what degree you are seeking.	
In a brief paragraph, tell us about your school and community ac	tivities.
Are you currently working? Briefly tell us your employment histo	ory.
Other important information we should be aware of in considera	ation for this scholarship?
Applicant's Signature:	Date:
Parent Signature:	Date:

Please attach a record of your GPA (grade point average) and return this application to the church office.