

St. Peter Lutheran Church
Legacy Fund Scholarship Application Form
Due by May 1, 2024

Name: _____ Age: _____
(First) (Middle) (Last) Date of Birth: _____

Address: _____

Phone Number: _____

Parents (Guardian): _____

Are you currently a member of St. Peter Lutheran Church? Yes _____ No _____

If so, how long have you been a member? _____

Name of college or technical school you are attending: _____

Address: _____

Major or career program: _____ Fulltime: _____ Parttime: _____

Expected date of completion: _____

What are your goals? _____

Why are you applying for this scholarship? _____

Participation during your life at the church in the past years: (Please include activities such as acolyte,

ushering, officer, LYO, choir, volunteering, vacation bible school, etc. _____

Remember: All applicants must have completed at least one semester of college/technical school.

Please include one reference letter of recommendation with this application.

Please include school issued copy of proof of enrollment with this application.

Postmark must be no later than May 1st, 2024

Send to: St. Peter Lutheran Legacy Education Committee PO Box 127 Rockwell, IA 50469

