

Sharon Lutheran Church

ELCA Lutheran College Scholarship Fund Application

Congratulations on your decision to attend one of our 26 ELCA Lutheran colleges! We pray that your time of study will not only be of benefit to you, but also for all of the ways in which you will touch the lives of those whom you will serve in God's so-loved world.

Please submit this completed application to the church office by date indicated in your letter.

Personal Information

Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Email: _____ **Phone:** _____

"I am currently a voting member of Sharon Lutheran Church." _____
Signature

College Information

ELCA College Attending: _____ **Year of Study:** 1 2 3 4
(Circle One)

College Student ID #: _____ - to make sure your account is properly credited

Financial Aid Office Address:

Address: _____
Street address City State Zip Code

Financial Aid Office phone number: _____