

APPLICATION FORM

The Rev. Robert L. George Scholarship

Name: _____ Age: _____

Address: _____

How long have you been a member of Faith Evangelical Lutheran Church? _____

Are you currently enrolled in a college, university or training program beyond high school?

Yes: _____ No: _____

Is the program Ministerial? Yes _____ No _____

Name of School: _____

Program of Study: _____

Year of Study (ex. Freshman ... Senior): _____

Cumulative GPA (if applicable): _____

Service Activities (church, school, community): _____

Leadership Roles (list and/or describe leadership demonstrated in activities): _____

ESSAY: Please describe what your faith means to you and how Faith Evangelical Lutheran Church has influenced your spiritual growth: (Attach typed essay to this application.)

NOTE: An applicant may receive this scholarship only one time. Therefore, applicants may reapply each year they meet the criteria if they have not been awarded a scholarship previously.