St. John Lutheran Church Trust Fund

RENEWAL Application

Post High School Education

This form for SCHOLARSHIP RENEWALS ONLY

First time applicants, contact church office for a different form.

Deadline: July 1 (fall semester) January 1 (spring semester)

Name:		Home Telephone	Home Telephone:	
Parent	t/Guardian:			
Permanent Address:		City:	Zip:	
Schoo	l attending:			
Schoo	ol address:	City:	Zip:	
E-mail	address(where can we rea	nch you?)		
Credits next semester:		Full-time: Part-time:		
Cost c	of books last semester:	Anticipated cost for upco	oming semester:	
Tell us	about your worship experience i	in the last 6 months:		
REQUI page a 1.	do you worship most? IREMENT FOR RENEWAL: cas needed) Briefly describe your churc your last application Describe what you have according to the control of	mplished in service to others p of people; a designated com	d other churches) since	

Submit form to: St. John Lutheran Church Trust Fund 1700 Lost Dauphin Rd De Pere, WI 54115

It is hoped that upon graduation, the student will support a scholarship fund in their home church or community— wherever that may be, to give future students a similar opportunity.