

St. Paul Lutheran Church

Good Shepherd College Scholarship Application-Due July 15th of each year

Name: _____

Home Address: _____

Phone: _____ E-mail: _____

Age: _____ (You must be under the age of 25 on the date of this application.)

Are you a confirmed member of St. Paul Lutheran Church? _____

College enrolled at or applied to: _____

College (Financial Aid) address: _____

College (Financial Aid) phone number: _____

Year of College Enrollment: _____

Anticipated college graduation date: _____

CUMULATIVE COLLEGE GRADE POINT AVERAGE: _____

Provide your most recent college transcript showing your cumulative GPA.

High School Seniors may leave this blank.

Is a copy of your college transcript attached? (circle one) YES NO

Degree program entering or enrolled in: _____

I will attend college on a full-time basis: Circle one: Yes NO

Are matching grants available from your college? _____

Are you eligible for any other scholarship from St. Paul Lutheran Church? YES NO

If yes, List the amount of the other scholarship: _____

(The amount of this scholarship is reduced by the amount any applicant receives from any other St. Paul Lutheran Church scholarship fund for the same academic year.)

Have you received scholarships from the Good Shepherd Scholarship Fund in the past?
(Circle one) Yes No If Yes, how many? _____

Signature of Applicant: _____ Date: _____