



**PEACE LUTHERAN CHURCH FOUNDATION  
FUTURE CHURCH WORKER FUND SCHOLARSHIP FORM**

The Peace Lutheran Church Scholarship program is designed to assist those member families of Peace with their education expenses while full-time students at an LCMS college to become full-time church workers. (Pastors, Teachers, Directors of Christian Education, and Missionaries.) The scholarships are funded annually through designated contributions to the Future Church Workers Fund. To apply, please fill out this form completely and submit it to the Church Office by **October 1st** before each academic year.

<b>Student Information</b>		DATE
LAST NAME	FIRST NAME	M.I.
CURRENT ADDRESS	CITY/STATE/ZIP	
HOME/CELL PHONE	EMAIL ADDRESS	BIRTH DATE

**Christian Information**

Are you actively involved in any ministry at Peace? If so, please describe:

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How long have you been an member of Peace?

**Parent Information**

LAST NAME	FIRST NAME	RELATIONSHIP	PHONE NUMBER
CURRENT ADDRESS	CITY/STATE/ZIP	EMAIL ADDRESS	

**LCMS College Information**

Anticipated Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring    Year 20____	Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Bachelor/Graduate Program	
Name of University	Phone Number	Website
Address	City/State/Zip	
Major or Field of Study: (Ex. Business, Christian Ed, Music)	Current Career Aspirations:	

Enrollment Status:  Applied     Accepted     Returning Student    Degree Goal:  Bachelor     Graduate Program

Date: \_\_\_\_\_ Signature of Student \_\_\_\_\_

**IF STUDENT IS UNDER 18, PARENT OF GUARDIAN SHOULD COMPLETE THE FOLLOWING:**

I have reviewed the completed application above and give my approval for the submission of this application.

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_



<i>Office Use Only</i>	
Approved _____	Date _____

