



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

The Peace Lutheran Church Scholarship program is designed to assist member families of Peace with education expenses for full-time students training to become full-time church workers (pastors, teachers, directors of Christian education, and missionaries) at LCMS colleges, universities, or seminaries. The scholarships are funded annually through designated contributions to the Future Church Workers Fund. Scholarship amounts may vary from year to year, and the amount awarded depends on factors like market performance and available funding, number of scholarship applicants, and individual evaluation of each applicant's request. To apply, please fill out this form completely and submit it to Alina Doud at adoud@peacesaginaw.org by **November 15th** of the applicable school year.

Student Information		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:
How long have you been a 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 _____

