St. Peter’s Lutheran Church

Memorial Scholarship Fund Application

Stafford, Virginia

The St. Peter’s Memorial Scholarship is open to current/graduating

High School Seniors who are continuing on to higher education in the fall of 2024.

This form and all accompanying documents **must be returned** to St. Peter’s

Lutheran Church office no later than **May 26, 2024** for consideration.

Applicants, please provide **two** letters of recommendation. One from your principal, teacher or school counselor and the second one from someone at St. Peter’s who is familiar with your church involvement. This person should be someone other than the pastor or a family member (eg. Sunday School Teacher, Youth Director or another member.) Present these letters to the church secretary who will forward the letters to the Scholarship Committee at St, Peter’s Lutheran Church 1201 Courthouse Rd, Stafford, VA 22554

**Section I**

Name

Last First Middle

Address

Street/PO Box City/Town State/Zip Code

Telephone (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_

Member of St. Peter’s Yes \_\_\_\_ No \_\_\_\_\_ Number of Years\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you attend worship service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II** (To be completed by the applicant only)

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers/ Sisters Name Age

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**Section III**

Beginning with 9th grade, list the schools you attended including addresses and dates of attendance.

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Expected date of graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade-point average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools to which you plan to apply for admission:

Name City State

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What is the highest level of education that you plan to complete beyond high school?

\_\_\_\_\_ Trade School, Specialized Training or Certificate Program

\_\_\_\_\_ Two Year Associate’s Degree

\_\_\_\_\_ Bachelor’s Degree

List the major area or areas which you intend to study.

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**Section IV**

School Activities or organizations in which you participated or held leadership positions.

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Community Activities: Church Activities:

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**Section V** Academic Honors or recognition:

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Non-scholastic school or community awards (including athletics or special achievements:

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**Section VI**

Employment Record

Employer Date of Employment

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Section VII

In 200 words or less, respond to one of the following essay questions:

1. Why do you feel you deserve this scholarship?

2. How will further education benefit you?

3. How have you prepared yourself to meet the demands of college?

4. Tell about a personal experience where your views or values were altered significantly.

Please return your completed Scholarship packet, including letters of recommendation, in one of the following ways:

By email to:

Stacy Novak at [secretary@splcstafford.org](mailto:secretary@splcstafford.org)

By mail to:

Attn: Scholarship Committee

St. Peter’s Lutheran Church

1201 Courthouse Rd

Stafford, VA

22554

Any questions can be directed to the church office at [secretary@splcstafford.org](mailto:secretary@splcstafford.org) at 540-659-6366.

I understand that if I am awarded a scholarship, the funds, as required by the Memorial Scholarship guidelines, will be disbursed to the Institution’s Financial Aid Office, and must only be used to offset the costs of tuition, board or lodging.

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Signature of applicant Date