

ALLEN MEMORIAL SCHOLARSHIP FUND APPLICATION

Name	
Home Phone ()	Birth date / /
Home Address	
Parent/Guardian Names	
Institution you will be attend	ling
Institution Address (where n	noney should be sent)
School year you are applying In addition to this form, the a	pplicant must provide proof of acceptance (i.e. a copy of your
acceptance letter or notification until this information is recei	ion from your college/seminary). Monies can not be disbursed ved.
ELIGIBILITY:	Members of Grace Lutheran Church who are in good standing (regular attendance at worship and communion for at least one year prior to application).
ANNUAL STIPEND:	The scholarship is available for a post high school education for a student studying at an accredited Lutheran institution. The amount available per scholarship is established each year.
METHOD OF PAYMENT:	Monies are to be paid directly to the institution attended; they are not to be paid to the student or his/her parents.
APPROVAL:	The Endowment Committee of the church reviews and recommends to the Church Council those who are eligible.