



## Hope Lutheran Church Student Scholarship Application

<b>Name</b>				
<b>Address</b>				
<b>Summer Address</b>				
<b>Telephone</b>				
<b>Parent(s) Names</b>				
<b>High School Graduated From &amp; Date</b>	Date: / /			
<b>College / University you plan to attend this fall</b>				
<b>College / University Address</b>				
<b>What year will you be in the fall?</b>	<b>Freshman</b>	<b>Sophomore</b>	<b>Junior</b>	<b>Senior</b>
<b>How long have you been a member of Hope Lutheran, Cherryville?</b>				
<b>List any church activities you have been involved with, at Hope, or other churches</b>				
<b>List any career goals you may have at this time</b>				
<b>List any extra-curricular activities you have</b>				

**On a separate sheet of paper or the back, please write a paragraph describing what you expect to gain from your college education.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*\* Scholarship recipients will be notified and honored at services on Sunday, August 6, 2017*

Please return completed application by **July 16, 2017** to:

**Hope Lutheran Church Scholarship Committee**  
P.O. Box 1030  
4131 Lehigh Drive  
Cherryville, PA 18035