



## 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>			
<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>Sophomore</b>	<b>Junior</b>	<b>Senior</b>
<b>How long have you been a member of Hope Lutheran, Cherryville?</b>	year(s)		
<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>			

**Below or on the back of this form, in the space provided, please write a paragraph describing what you expect to gain from your college education.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*\* Scholarship recipients will be notified and honored at service to be announced \*\**

Please return completed application by **July 16, 2023** to:

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

**ESSAY:**

**Please write a paragraph describing what you expect to gain from your college education.**