



Hope Lutheran Church Student Scholarship Application

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

Please write a paragraph describing what you expect to gain from your college education and include with this application.

Signature

Date

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

*****All applications due the Third Sunday in July*****

Please return completed application to:

Hope Lutheran Church Scholarship Committee

4131 Lehigh Drive

P.O. Box 1030

Cherryville, PA 18035

ESSAY

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