



LAKESIDE COMMUNITY LUTHERAN CHURCH
2023 YOUTH SCHOLARSHIP FORM

PERSONAL INFORMATION:

Name: _____ Email: _____

Birthdate: _____ Telephone Number: _____

Mailing Address: _____

Father's Name: _____ Mother's Name: _____

Or Guardian: _____

Education:

Name of High School you are currently attending: _____

Graduation Date: _____

Educational Plans: List college/university or technical college you plan to attend and your planned major/minor or program of study.

Type of employment you hope to obtain after graduation:

Please attach a copy of your acceptance letter to this application.

Signature of student: _____

Signature of Parent/Guardian: _____

Date: _____

Submit to:

Endowment Fund Committee
Lakeside Community Lutheran Church
28626 County Road H
Webster, WI 54893

Preferred communication: _____ text (cell phone number): _____

or

_____ email _____

Lakeside Community Lutheran Church Youth Scholarship Information

A scholarship will be available for a high school graduate who is a confirmed member of Lakeside Community Lutheran Church.

Application Deadline:

An application form must be submitted to the Endowment Fund Committee on or before **October 1** of the first year of school.

Selection Criteria:

1. The Student must be a confirmed member of Lakeside Community Lutheran Church
2. Student must provide proof of acceptance from a post-secondary school (college or technical school)

Monetary Disbursement:

The student will receive the funds after he/she has completed the first semester or course of study and provides the Endowment Fund Committee with a copy of their first semester grades and proof of registration for the next semester.

Questions:

Any questions should be directed to the Endowment Fund Committee Chairperson: