Paynesville Lutheran Church Endowment Fund Scholarship Grant Application

Name:	Date:
Address:	
Phone:	Email address:
Youth receiving schol	arships agree to send a thank you to the appropriate person / place.
Please indicate which s	cholarship you wish to apply for and complete the appropriate sections.
☐ Torbenson Mus	•
music ministry of Paynesse student that has been select organ lessons, or other oppo- equipment, instruments, cos Criteria for Selection: Applicant	r advanced study for individuals of any age who are <i>taking an active part in the tille Lutheran Church</i> . These scholarships may be used to cover up to \$500 for any led to participate in the Minnesota All-State Lutheran Choir, special workshops, private ortunities for advanced study. These funds are not to be used to purchase supplies, tumes, sheet music or other capital expenditures. It has the ability to profit from advanced study and has demonstrated an interest in providing lancial aid is needed to enable applicant to pursue the study. Priority will be given to individuals and grants.
What is the estimated cost?	\$
Summary of your request:	
Describe how you are taking	an active part in the music ministry at Paynesville Lutheran Church. :
	d to one or more Sophomores, Juniors and/or Seniors attending a Lutheran college . application no later than April 15th . The recipient of the award will be selected based
□ Donald Sonsteg	
	to one or more Freshmen attending a Lutheran college . Students must make written ril 15th. The recipient of the award will be selected based on need, scholarship and
	arship I to one or more students attending a Lutheran Seminary. Students must make written ril 15th. The recipient of the award will be selected based on need, scholarship and
	ich receives matching funds, will be awarded to the student by the date Other money beyond the matching funds will be awarded directly to the

student by check.

Endowment Committee use only:

Grant Deny \$ ______

Fund: _____

Please complete the following information if you are applying for the Wandersee, Sonstegard or Seminary Scholarship.

College Attending:	
College Address:	
College class status in the Fall: □ Freshman □ Sophomore □ Junior	□ Senior
Are you enrolled?: □ Full-time □ half time or more □ less than half time	е
Do you? □ Live on campus □ Live off campus □ Commute from Home □	□ other
Does the college or seminary you plan to attend have matching funds? □ Ye	es □ No
Please indicate where and when matching funds should be directed:	
What is the cost of your college or seminary per year?:	
Tuition Room/board or rent Book	S Other
Please list the name and amount of any grants or scholarships you have b year:	een awarded for this schoo
Name of Award	_ Amount:

Please list any unusual family or personal circumstances you feel warrant attention: