



**LAKESIDE COMMUNITY LUTHERAN CHURCH**  
**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 Chairperson  
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:

Name: Galen Pate

Phone: 612-867-4799

Email: [gpate@lach.net](mailto:gpate@lach.net)