



Date ___/___/___

Applicant is (check one) ___ New ___ Renewal

To submit your application **please include these items:**

- ___ Completed Application, signed and dated
- ___ Essay Question Response (*new applicants only, see back of application*)
- ___ Two Letters of Reference (*new applicants only*)
- ___ Official Transcript of Grades (*renewal applicants only*)

Personal Information:

Name (first, last) _____

Address _____ City _____ State ___ Zip _____

Phone ___-___-___ Date of Birth ___/___/___ Age _____

Gender M / F Married Y / N

Student Email _____ Parent Email _____

School Information: (please check appropriate area(s) below)
(*renewal applicants, please also include a complete transcript of grades with application*)

This term will be at a:

___ 2 year college ___ 4 year college ___ Applying for a vocational grant

School Name _____ City _____ State _____

This term I will be a: ___ Freshman ___ Sophomore ___ Junior ___ Senior

School Year Begins ___/___/___ Ends ___/___/___

Expected Graduation Date ___/___/___ Major _____ GPA _____

Returning Students: Student ID # _____

New Applicants: Please tell us (in short essay form) why you chose this particular college or vocational school, what your expected educational goals are, how you will share your Christian life with others, and how your Christian values have made a difference in your life and the lives of others you have interacted with, while reaching this part of your life. God's blessings on you!

Please attach two letters of recommendation with your application
(not required with **renewal applications**)

Student Financial Information:

(Expenses for **one academic year**, refer to your school's website for **estimates**)

Annual Tuition	\$	_____
Fees (Books, Supplies)	\$	_____
Room/Board	\$	_____
Travel	\$	_____
Other	\$	_____
Total Expenses	\$	_____

Applicant,

By signing this application, you agree, if asked, to provide additional information that will verify the accuracy of your completed application. If you purposely give false information, you will be permanently disqualified from this grant program.

Zoar Lutheran freely gives to its members and will continually pray for the future of said members for continuing education so that your life will be a gift to the service of the Our Lord Jesus Christ. God be with you and bless your life!

Signature _____

Name (printed) _____

Date ___/___/___

Information below will be filled out by Endowment Committee

Reviewed: _____

Approved: Yes / No

Amount: \$ _____

Date ___/___/___