

I understand that I must be an active member of Vasa Lutheran Church to receive an education award. I understand that this award is intended to financially assist me in my pursuit of a post-secondary education. If approved, I understand that I am eligible for a maximum of 5 awards and only one award per year.

My signature attests to the correctness of the information provided and to my understanding of the scholarship program.

Applicant's Signature _____ Date _____

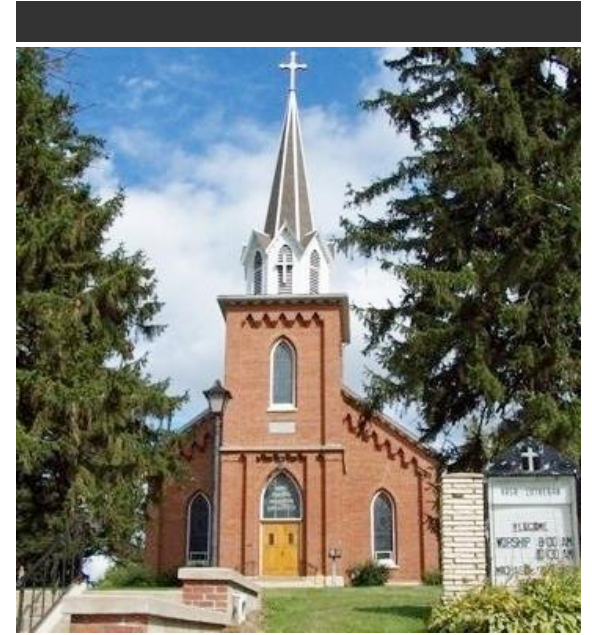
Return your application to:

Trustees: Mission Endowment Fund
Vasa Evangelical Lutheran Church
15235 Norelius Road
Welch, Minnesota 55089

VASA EVANGELICAL
LUTHERAN CHURCH

Education Award Application

MISSION ENDOWMENT
FUND



15235 Norelius Road, Welch, Minnesota 55089

email: vasalutheran@sleepyeyetel.net

website: www.vasalutheran.org

Vasa Evangelical Lutheran Church
Mission Endowment Fund Education Award Application

Applicant's Name _____
(first, middle, last – no nicknames)

Applicant's Address _____
_____ Phone# _____
(likely home address – permanent)

Father/Guardian Name _____ Phone# _____
Address _____

Mother/Guardian Name _____ Phone# _____
Address _____

School Name _____
School Address _____ Phone# _____

Program (Occupational Objective) _____

Length of Program in years to completion _____ Years/Months

Degree Sought _____ If not a degree, describe completion
recognition in terms such as: certificate, diploma, license, etc.)

Starting Date (month and year) _____ Completion Date _____

Describe any special needs, circumstances, responsibilities, handicaps you have that will add to the cost and/or time needed
to complete your program (reach your goal):

Use the space below to write a description of your school plans and occupational goals following completion of your
schooling. Include the major(s) and minor(s) that will be a part of the program. Incorporate any work experience(s) that may
be a part of your school program. Reveal how you see yourself advancing and progressing in your occupational field and in
the community as a whole.

(over)

Leave this section blank.
Length of program _____ Completed _____
Starting Date _____ Completion _____