

## ALCW College Scholarship Application

### ASCENSION LUTHERAN CHURCH ALCW COLLEGE SCHOLARSHIP APPLICATION INFORMATION AND INSTRUCTIONS

1. Obtain application form and turn in to church office or any ALCW officer.
2. Application form must be submitted for consideration by May 1<sup>st</sup>. preceding the fall semester you wish to receive scholarship monies for.
3. Student must remain enrolled full time in college each quarter/semester to remain eligible for the scholarship monies. If the student is not enrolled full time, the ALCW Board of Directors must be notified as it will affect scholarship payment.
4. Students attending a Lutheran college will be eligible for an annual scholarship up to \$1500.
5. Students attending a non-Lutheran Christian college will be eligible for an annual scholarship up to \$750.
6. A new application must be submitted each year to be considered for repeated scholarship awards.
7. If the student is entering college during a semester other than Fall semester, complete an application and contact an ALCW Board of Directors member.
8. Student responsibilities:
  - a) completeness of the application
  - b) submitted by deadline
  - c) follow up communications to the ALCW Board of Directors on at least a quarterly basis
  - d) Must remain an active member of Ascension Lutheran Church.
  - e) Must be able to provide proof of regular attendance, participation, and communion at least monthly in this church when residing locally and in a church at the location of the college (if out of the area) during school sessions.
9. Parental responsibilities (if applicable):
  - a. Must remain an active member of Ascension Lutheran Church, with regular attendance and participation at least monthly.
10. ALCW Responsibilities:
  - a. Timely review and response to the application
  - b. Timely submission of approved scholarship monies to the college financial aid department.
  - c. Ongoing communication with the student at least annually.
  - d. Will reconfirm active participation in church membership at least once during the scholarship school year.

Rev. 2/10

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ALCW  
COLLEGE SCHOLARSHIP APPLICATION

Name of Student: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

College Attending: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone: \_\_\_\_\_

College start date/semester: \_\_\_\_\_  
Full Time (circle) Yes No                      Part Time (circle) Yes No

Major of study: \_\_\_\_\_  
Career Goals: \_\_\_\_\_  
\_\_\_\_\_

Parent's Church Membership Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_

Student Church Affiliation at College: \_\_\_\_\_  
Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For ALCW Board Use Only  
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Date Application Received: \_\_\_\_\_  
Date Application Reviewed: \_\_\_\_\_

Student Church Affiliation Confirmed: Yes No                      Rechecked Date: \_\_\_\_\_  
Parent Church Affiliation Confirmed: Yes No                      Rechecked Date: \_\_\_\_\_

Approved: Yes Amount: \$\_\_\_\_\_ per semester per year                      Not Approved  
Approval Date: \_\_\_\_\_  
Date Award mailed to College: \_\_\_\_\_  
Date Student notified by mail: \_\_\_\_\_

## ALCW College Scholarship Application

In your own words, tell us about yourself, how this scholarship would help you with your education, and why you should be a scholarship recipient. Also include information about your church activity and participation.