## DON AND JEN O'REILLY SCHOLARSHIP

**Through the:** Extended Ministry Fund St. Luke Lutheran Churcl

St. Luke Lutheran Church Goodhue, MN 55027

TO THE APPLICANT:	DATE:	
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Please complete this application so your eligibility can be determined for a scholarship for post-secondary education.

Complete your sections of this application at your earliest convenience; then forward the application to <a href="mailto:office@stlukegoodhue.org">office@stlukegoodhue.org</a> or print and mail/drop off in a sealed envelope to St. Luke Church PO Box 276 Goodhue, MN 55027, <a href="mailto:by April 15">by April 15</a> of the current year. <a href="mailto:Application must be typed">Application must be typed</a>, <a href="mailto:not be typed">not hand written</a>.

NOTE: This scholarship is open to a St. Luke Lutheran Church

confirmed member who is a graduate of Goodhue High

School in 1999 or subsequent years.

Any applicant should be an ACTIVE member of St. Luke as evidenced by REGULAR CHURCH ATTENDANCE and PARTICIPATION in CHURCH-RELATED ACTIVITIES

per suggestions from the pastor and church council.

Only applicants with a cumulative GPA of <u>3.0</u> (or higher from the tenth grade on) will be considered.

A chosen recipient must be accepted by a post-secondary institute, and is free to select his/her field of study.

Payment will be made at the beginning of the second semester of the recipient's course of study. No payback is expected.

## **PLEASE TYPE**

APPLI	CANT DAT	A			
Name	(last)	(first)		(middle initial)	(Social Security #)
Permanent	Address	(street)	(city)	(State)	(Zip Code)
Date of Bi	rth, (month, day,	year)		Telephone Number	
Please indi	icate:M	aleFemale			
Name of p	arent/ guardian				

Permanent mailing address and phone number of parent/guardian if different from applicant, (street, city, state)

SCHOOL DATA				
High School Attended			Graduation Date	e: Mo Yr
Address				
(street)		ty) (state) (zip)	-	
Name of post-secondary	school for which applicant			
4 yr. College/University	Vo-Tech	Commu	unity College	Other
	Α	accredited? Yes	No	
Address(street)		(city)	(state)	(zip)
, ,	e on campus live o		, ,	
	nn half-timehalf-ti			
	uation from post-secondary			
runterpated date of grade	uation from post-secondary	(mor	ith)	(year)
Major field of study app	licant plans to pursue			
PERSONAL DA				
	tivities during the past four ether paid or volunteer wor		ork in each activity and a	pproximate hours worked
			ork in each activity and a	pproximate hours worked  Volunteer or Paid
each week. Indicate who	ether paid or volunteer wor	k.		
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each week. Indicate who	ether paid or volunteer wor	k.	-	
Church Activity	ether paid or volunteer wor	Date To (mo/yr)	Hours per Week	Volunteer or Paid
Church Activity	Date From (mo/yr)	Date To (mo/yr)	Hours per Week	Volunteer or Paid

Please describe a challenge you have faced in school or your personal life that you	relied on your faith to get you through.
How often have you attended church services during the past four years?	(times per month)
What my church means to me now and in the future:	