

ST. PETER LUTHERAN COLLEGE SCHOLARSHIP APPLICATION  
ST. PETER LUTHERAN CHURCH  
MACOMB, MICHIGAN

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

Are you a member of St. Peter Lutheran Church? \_\_\_\_\_ How long? \_\_\_\_\_

Do you attend church regularly at St. Peter or in your college community? \_\_\_\_\_

Are you officially enrolled as a **FULL-TIME** student in a Missouri Synod college,  
university, or seminary? \_\_\_\_\_

Which one? \_\_\_\_\_

Class status in September \_\_\_\_\_

Which training program are you enrolled in? \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING WITH YOUR APPLICATION:**

1. A copy of your previous **year's** grades
2. Updated information on your current status and address

Applications must be returned to the **CHURCH OFFICE BY JUNE 15 TH** of this year.  
You may fax your application and grades to St. Peter Lutheran Church @ 586-781-6564.

Upon acceptance, checks will be made payable to the college, university or seminary and  
the student.

UPON GRADUATION, I WILL BE GOING INTO **FULL-TIME** CHURCH WORK.

**PLEASE SIGN:**

\_\_\_\_\_

**IMPORTANT NOTICE: FAILURE TO RETURN THIS APPLICATION BY  
JUNE 15 WILL RESULT IN FORFEITING YOUR REQUEST.**

**THIS SCHOLARSHIP FUND IS FROM ST. PETER ONLY AND IS NOT  
CONNECTED WITH ANY SCHOLARSHIPS THE COLLEGE MAY OFFER.**