**Edward W Albertin Living Memorial Endowment**

**Student Scholarship Application Form**

The purpose of this endowment fund is to assist members of St. Paul Lutheran Church, Sheboygan Falls, WI in the pursuit of full-time careers within the church. Students must pursue a degree through a LCMS institution. \*

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the institution at which you wish to pursue your degree.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (City) (State)

Toward what degree will you be working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colleges and universities attended, including on in which you are enrolled. Arrange in sequence, listing your current institution first. *Do not fill in if you have not yet attended a college or university.*

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| --- | --- | --- | --- | --- |
| College/University & State Located | Inclusive Dates of Attendance | Degree | Date Awarded or Expected | Major Field of Specialization |
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***Mail completed form to: Jim Albertin, 3913 Broadway Rd., Sheboygan Falls, WI, 53085***

\* Students who pursue a career outside of Church work after graduation are asked to pay back to the Edward W. Albertin Living Memorial Endowment and grants they have received.