

ST. JOHN'S LUTHERAN CHURCH, SLATINGTON PA
APPLICATION FOR MARTHA BEST/FLORENCE SELL SCHOLARSHIP FUND

Applicant Name: _____
(Last) (First) (Middle)

Date of Birth: _____
(Month, Day, Year)

Home Address: _____
(Number, Street) (City) (State) (Zip)

Home/Cell Phone Number: _____

E-mail address: _____

Parents/Guardian Name(s): _____

Parents/Guardian Occupation(s): _____

Names and Ages of Brothers and Sisters: _____

Names of Institution (school, college, etc.) at which applicant is a student: _____

Address of Institution: _____

Tuition Cost Per Semester: _____

What Profession (Occupation) is Aim of Applicant?: _____

List Subjects Taken by Applicant and Grades in Subjects for the Past Semester:

List Extra Curricular Activities at Institution: _____

List Activities at St. John's Lutheran Church in which Applicant Participated:
(such as church attendance, Sunday School, Luther League, choirs, etc.)

