



**EVANGELICAL LUTHERAN CHURCH OF AMERICA**

Lutheran Scholarship Committee of Logan County

**Financed by the John B and Winnie Harmsen Behrends Memorial  
Endowment Fund**

Administered through

Immanuel Lutheran Church, Lincoln, IL

St. John's Lutheran Church, Hartsburg, IL

St. Peter's Lutheran Church, Emden, IL

Contact Information (see below)

**Scholarship Award  
General Instructions**

Please follow directions carefully and completely – failure to do so may result in being disqualified.

- Applicant must use the current official Evangelical Lutheran Church of America, Logan County, Illinois scholarship form which must be dated and signed by the student, parent(s) or guardian(s) or the applicant if he/she is not a dependent. Application and statements are required and must be signed in all instances. Typewritten applications preferred or legibly handwritten. A recent photograph of the applicant, with signature on reverse side, must be firmly attached to the application.
- Applications and all supporting documents must be in English.
- Official high school transcript (and/or college) of student's records must be submitted. Records may be photocopies that bear an original signature of the proper authority.
- Please include two reference letters.
- All parts of the application must be enclosed in one packet and returned to a representative on the scholarship committee or Immanuel Lutheran Church no later than April 15, 2020.

Immanuel Lutheran Church  
Attn: Scholarship Award Committee  
1409 Pulaski Street  
Lincoln, IL 62656

- Applicants must be a resident of Logan County, Illinois.
- Notifications will be sent to all applicants by the first of June.

**SCHOLARSHIP AWARD COMMITTEE**

**Contact Information:**

Immanuel Lutheran Church, Lincoln, IL  
St. John's Lutheran Church, Hartsburg, IL  
St. Peter's Lutheran Church, Emden, IL

Wanda Lee Rohlf (217) 735-2057  
Mary Conrady (217) 306-2433  
John Hoerbert (217) 871-8079

**EVANGELICAL LUTHERAN CHURCH OF AMERICA  
LUTHERAN SCHOLARSHIP COMMITTEE OF LOGAN COUNTY  
SCHOLARSHIP AWARD**

**LUTHERAN SCHOLARSHIP OF LOGAN COUNTY APPLICATION**

IMPORTANT: Before preparing this application, it is recommended that the procedure outlined in the General Instructions be carefully studied and then completely executed.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Presiding Minister: \_\_\_\_\_

**SCHOLASTIC INFORMATION**

Present educational level, must be at least a high school senior. Transcripts will provide high school and/ or advanced education information. Please list the college, university, or technical school you are attending or plan to attend.

College/University: \_\_\_\_\_ High School-SR FR SO JR SR

Other: Trade School: \_\_\_\_\_ High School-SR FR SO JR SR

School Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Include a copy of your current school grade transcript in this packet to the Scholarship Committee. Write a brief summary of your professional goals on the lines below. If needed, continue on the back of this page.

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**EXTRA CURRICULAR (school related)**

Use reverse side of this page if more space is needed.

**Honors and Awards**

(state year and nature of honor or award)

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**Offices and positions of leadership**

(state name of organization, position and year)

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**Member of organizations where no office held**

(state name of organization and year)

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**List memberships/involvement in community work or volunteer activities:**

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**APPLICANT'S FINANCIAL RESOURCES**

List sources of financial aid (examples, other scholarships and grants, excluding loans)

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**PROPOSED COSTS OF EDUCATION**

Tuition of college, university technical school per year (do not include residency). \_\_\_\_\_

Cost of residency: \_\_\_\_\_

**EMPLOYMENT INFORMATION (if applicable):**

Employment positions	Periods of employment	Average time each week
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENTAL or APPLICANT'S FINANCIAL ANALYSIS**

(To be completed by parent(s)/guardian(s) of applicants who are dependent on parent(s)/guardian(s) for financial support or the applicant if applicant is not a dependent upon parent(s) or guardian(s).

Father (Guardian) or Applicant \_\_\_\_\_

	Name	Occupation
Address _____	_____	_____
Street	City	State      Zip Code

Mother (Guardian) or Applicant's Spouse \_\_\_\_\_

	Name	Occupation
Address _____	_____	_____
Street	City	State      Zip Code

Please specify the annual financial expected contribution from parents: \_\_\_\_\_

Please list names and ages of siblings \_\_\_\_\_

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Please provide any other information that should be considered. \_\_\_\_\_

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Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Father/Guardian or Applicant                      Mother/Guardian                      Student

**PLEASE INCLUDE 2 LETTERS OF REFERENCE  
RECHECK THE GENERAL INSTRUCTIONS TO MAKE SURE  
APPLICATION IS COMPLETE**