

# EDUCATION GRANT APPLICATION

Bethany Lutheran Church Foundation  
Overland Park,KS

For consideration, return completed application and transcript by June 1 to:

## Personal Information

Name \_\_\_\_\_

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

Address College \_\_\_\_\_

At which address can you contacted in June? Home \_\_\_\_\_ College \_\_\_\_\_

Telephone Home \_\_\_\_\_ College \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ # of dependents other than spouse \_\_\_\_\_

Relationship and ages of dependents \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Relationship \_\_\_\_\_

Address, if different than above \_\_\_\_\_

## Scholastic Information

School \_\_\_\_\_

During the next academic year, I will enroll as a \_\_\_\_\_ year student in  
\_\_\_\_\_

Grade average \_\_\_\_\_ (attach copy of official transcript)

My course is religious related and will lead to a degree in \_\_\_\_\_

and will lead to employment as a \_\_\_\_\_

Name of Financial Aid Director at school \_\_\_\_\_

Name of Home Congregation \_\_\_\_\_

## Financial Information

What percent of your college education and living expenses do you provide? \_\_\_\_\_

Including yourself, how many members of your family will be in college next year? \_\_\_\_\_

Please list all scholarship/grant programs to which you have applied for financial assistance

Source _____	Awarded or Pending _____	Amt Per Year _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe briefly in dollar amounts  
Estimated college costs for:

Indicate amount of support from the  
following sources:

Tuition: \_\_\_\_\_  
Living Expenses \_\_\_\_\_  
Books \_\_\_\_\_  
Misc \_\_\_\_\_  
Total of Above \_\_\_\_\_

Summer work \_\_\_\_\_  
Part-time work \_\_\_\_\_  
Loans/grants \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
Parents \_\_\_\_\_  
Spouse \_\_\_\_\_

### Additional Information:

Why are you interested in a church related career and what has led you to this decision?

---

---

---

---

---

---

---

---

Please give a brief statement regarding need, family situation, career goals, extra curricular Activities or other relevant information to assist in the evaluation of your application.

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **GUIDELINES FOR EDUCATIONAL GRANTS**

Bethany Lutheran Church Foundation of Kansas

1. All financial assistance will be given in grant form.
2. Preference shall be given to Bethany members.
3. This assistance will be given to those enrolled in Lutheran Church Missouri Synod schools, preparing for full-time service in the Lutheran Church Missouri Synod (Pastor, Teacher, Director of Christian Education, Lay Minister, Director of Evangelism, Parish Assistance, Deaconess or Parish Worker, etc.) and to students in the Lutheran High School of Kansas City.
4. All grants are for one scholastic year. Students must apply each scholastic year for consideration.
5. Amount of grant will be determined at the beginning of the scholastic year, based on funds available, number of applicants and need.
6. If applicant is unable to complete the school year, the unused portion of the grant must be returned to be used in advancing the Lord's ministry.
7. Applications shall be considered by the Foundation Scholarship Subcommittee in consultation with the staff at Bethany. The final list will be presented to the entire Foundation Board for approval.
8. The attached application form must be completed and returned to the Foundation Scholarship Committee by June 1, for consideration of grants to be awarded in July or August of that year.
9. Names of grant recipients, as well as names of colleges and seminaries attending may be used in Foundation's reports to congregation and its promotion of the Endowment Funds purposes and activities.