

**APPLICATION FORM**

**for**

**THE VIRGINIA ROMBERGER REBER PETTIJOHN SCHOLARSHIP**

St. John's Evangelical Lutheran Church of Sweet Air  
P. O. Box 337  
3911 Sweet Air Road  
Phoenix, MD 21131  
410-592-6565, Fax 410-592-5868

**INSTRUCTIONS**

1. Completed application must be received by July 1<sup>st</sup> before the academic year for which you are applying.
2. Applications should be typed if at all possible. If this is not possible, print clearly in ink.
3. You must include an official copy of your high school/college transcript with this application.
4. You must attach a copy of your Student Aid Report (SAR). If you did not complete a Free Application for Federal Student Aid (FAFSA), include a copy of your parents or your last year's tax return(s) whichever is applicable.
5. First time applicants must request that three letters of reference be sent (Reference form is attached).

Date of this application

**A. Personal Information**

Name of Applicant:

(Last)

(First)

(Middle)

Current Address:

Telephone Number:

City:

State:

Zip Code +4:

Permanent Address:

Telephone Number:

City:

State:

Zip Code +4:

Student's Date of Birth:

Student's Social Security Number

High School Attended:

Date of Graduation:

GPA: 4.0 scale

5.0 scale

(Include both if applicable)

College Attended:

GPA:

Of what congregation or church body are you a communicant member?

Name of Congregation:

Address:

City:

State:

Zip Code:

Telephone Number:

ELCA Synod:

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List jobs, including summer employment, you have held in the past three or four years.

List school honors, offices held, and extra curricular activities.

Describe your activities for the past two summers, other than any work listed above.

List institutions where you have studied, beginning with the high school from which you graduated and including the one in which you are now enrolled.

On an attached sheet, write your plans for the future, and any extenuating circumstances that the scholarship committee needs to know.

**B. College Information**

Name of institution you will be attending:

Address:

Telephone Number:

City:

State:

Zip Code:

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What year of college or graduate school (Check one) will you be entering?

What is your major or intended major?

What will be your occupational field?

Is this Christian service related? Yes No

Explain how.

**C. Family Information**

A copy of your Student Aid Report (SAR) must be included with the application. If an application for Federal Student Aid was not completed, complete one of the following depending on your situation:

IF YOU ARE A DEPENDENT, COMPLETE THE FOLLOWING PARENTAL INFORMATION:	IF YOU ARE NOT A DEPENDENT, COMPLETE THE FOLLOWING INFORMATION:
Number of dependents in parent's family:	Number of dependents:
Ages of dependent children:	Ages of dependents:
Number of dependent children in parents' family who will be in college.	Number of dependent children in your family who will be in college.
Attach copy of your parent's previous 1040 or 1040A and spouse's 1040 or 1040A, if applicable.	Attach copy of your previous 1040 or 1040A and spouse's 1040 or 1040A, if applicable.

**D. Financial Information** (Use annualized numbers for the coming academic year)

Tuition: \$ Other Costs (Room, Board, Books): \$

Financial Aid Package Received: Grants: \$

Work Study: \$ Loans: \$

Total Received: \$ Total Costs: \$

Balance Needed: \$

List Source of Grants Received:

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If you receive a Pettijohn Scholarship, will the financial aid from your school be affected?

If so, how?

**E. References**

Please list the names and addresses of three (3) personal references. First time applicants should mail the attached Reference Form to each. Each reference should mail the form directly back to St. John's Evangelical Lutheran Church before July 1<sup>st</sup> of academic year for which you are applying. One reference should be from a teacher or guidance counselor and one should be from a pastor, youth director or church member. Reference Forms are not required for Renewal Applications.

1. Name:

Address:

City:

State:

Zip Code:

Telephone Number:

2. Name:

Address:

City:

State:

Zip Code:

Telephone Number:

3. Name:

Address:

City:

State:

Zip Code:

Telephone Number:

**F. Signatures**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Not required if applicant is not a dependent.)

**REFERENCE FORM**

for

**The Virginia ROMBERGER Reber Pettijohn Scholarship**

St. John's Evangelical Lutheran Church of Sweet Air  
P. O. Box 337  
3911 Sweet Air Road  
Phoenix, MD 21131  
410-592-6565, Fax 410-592-5868

\_\_\_\_\_ has made application for educational assistance from our scholarship fund and has listed you as a reference. Please complete this form and return it to us by July 1 of academic year for which applicant is applying. Please mail the completed form directly to the above address, or Fax to 410-592-5868. Your answers will be kept in confidence. You may wish to write on the other side or attach additional pages.

1. Explain the circumstance in which you have become acquainted with the applicant?

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2. What are the applicant's vocational plans?

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3. Please give your assessment of the applicant's character, integrity and reliability.

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Name (Please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_