

APPLICATION FORM

for

THE VIRGINIA ROMBERGER REBER PETTIJOHN SCHOLARSHIP

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

INSTRUCTIONS

1. Completed application must be received by July 1st 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: _____

Permanent Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

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: \$ _____ 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 1st 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 800
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?

2. What are the applicant's vocational plans?

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

Name (Please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Telephone Number: _____

Relationship to Applicant: _____ Signature: _____