

LUTHERAN CHURCH OF THE RESURRECTION
ANN & BILL BIDERMAN SCHOLARSHIP
For 2020-2021 Academic Year
~ please print ~

APPLICANT DATA

Name: _____
Last First Middle Initial

Permanent Address: _____
Street City State Zip

Date of Birth (mm/dd/yy): _____ Student Telephone Number: _____

Student Email Address: _____

Name of Parent/Guardian: _____

Parent/Guardian Telephone Number: _____

Parent/Guardian Email Address: _____

SCHOOL DATA

High School Attended: _____

Address: _____
Street City State Zip Telephone Number

Name of High School Principal: _____

Name(s) and Address of Post-Secondary Schools for which applicant's scholarship is requested:

Enrolled: _____ less than half time _____ half time or more _____ full time

Major Field of Study applicant plans to pursue: _____

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

PERSONAL INFORMATION

Service

The Trust Fund Committee has established that a scholarship recipient should demonstrate recent (in the previous 12 months) involvement in ministry and/or discipleship as a member of LCR. This can be accomplished through church activities or community service. Examples are: serving as a helper for Sunday School, participating in the praise band, taking donations to the food pantry or Crossroads Mission, working with blood drives, participating in mission trips. *If you have a question whether an activity qualifies, or you need guidance, contact us at the church office.*

Activity	Date/s	Hours	Leader/Sponsor

Reflection

Write your confirmation bible verse here.

How has this passage guided you on your spiritual path?

Make a brief statement of what you would like to do with your life.

TRANSCRIPT INFORMATION

Student Name: _____

Applicant must include a high school transcript of grades and have the following section completed by the appropriate school official.

Cumulative grade point average: _____ / 4.0 scale

PSAT: Verbal _____ Math _____

SAT: Verbal _____ Math _____

ACT Standard: English _____ Math _____

School Official's Signature Title Date Telephone Number

School Address Street City Zip

REFERENCES

Please list three references (*no family members please*) and have them provide a letter of recommendation to the committee. At least one should be a member of Lutheran Church of the Resurrection

- 1. _____
- 2. _____
- 3. _____

Have references mailed to: Lutheran Church of the Resurrection Seminary Scholarship
c/o Trust Fund Committee
3500 - 29th Ave.
Marion, Iowa 52302