



The Evangelical Lutheran Church of Our Saviour

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Memorial Scholarship Application

Name: _____

Phone Number: (____) _____

Email Address: _____

College Attending: _____

Year (circle one): Freshman Sophomore Junior Senior Other: _____

All information submitted in this application will only be viewed by the scholarship committee members and will be kept in the strictest confidence by those committee members. Please hand in this form with your answers to the office in the church – they will give it to the appropriate people.

On a separate piece of paper with your name at the top, please share with the committee the following information about:

(If you need more than one page for your answers, please remember to number each page and be sure to have your name at the top on every page.)

- 1) Your choice of a major and why you have made this choice.
- 2) What role God and your faith play in your present life and your future.
- 3) What service activities you are involved with (church, community, and college community).
- 4) Do you have other scholarships paying for your education? If **YES**, please share what approximate percentage of your costs these scholarships cover.