Date received _____
(Office use)

Lauretta M. Raithel Endowment Scholarship Application

(Please type entire application.)

Name _____ Date of Birth _____
Address _____ Phone _____

1. What activities are and have you been involved with at Zion Lutheran Church and/or campus ministry in the past **two years?** _____

2. Please respond to the following questions and attach the typed answers to this application. One typed written page per question is suggested.

   A. Establish a personal and financial need for a scholarship.

   B. Discuss your career goals and how the scholarship will enhance the goals.

3. You must attach a copy of your final high school grade report, including accumulative G.P.A. or your last college grade report, including current and accumulative G.P.A. **Applications not including this report will not be considered.**

HIGH SCHOOL

High School _____ Year graduated _____

Activities (In and out of High School) _____

COLLEGE/UNIVERSITY

College/University _____ Scholarship for year attending: 1 2 3 4
(Circle one)

I will live ____ on campus; ____ off campus; or ____ commute. Full or Part time _____

Activities (In and out of College) _____

FINANCIAL

4. What do you estimate your total college bill to be next year? (Include tuition and fees, room and board, if applicable.) **Cost of Attendance $**_____
Expected Family Contribution from FAFSA form. **EFC $**_____
Cost of Attendance minus EFC = **Financial Need $**_____

- Father's Occupation _____
- Mother's Occupation _____
- Number of dependent children in family _____
- Ages of dependent children _____
- Number of other dependents in family _____
- Number of children in college _____

Applicant's income applicable to college expenses:

- Summer earnings (Approximate) **$**_____
- School Year Summer earnings (Approximate) **$**_____
- List other scholarships and amounts you will receive during this academic year
  _____
- Other financial resources and amounts available to you for educational purposes such a GI Bill, Social Security, Fellowships, etc. _____
  _____

By my/our signature(s) below, I/we certify that all of the information provided in and with this application is true and correct based upon my/our knowledge, information, and belief.

_____ _____
Date Signature of Applicant

_____ _____
Date Signature of Relative

Please return completed form to:

Zion Lutheran Church

3300 Canfield Road

Youngstown, OH 44511

or

office@zionohio.org

DEADLINE FOR FILING IS JUNE 28

Use additional paper if further space is necessary to complete application.