

STUDENT SCHOLARSHIP APPLICATION

THE ASSOCIATED CHURCH

800 Havana Road

Owatonna, MN 55060

(507) 451-1546

www.AssociatedChurch.org

This application is open to members of The Associated Church who are planning on attending a post high accredited- college or vocational technical school. The award is not based on need but on one’s participation in church and community activities. The Scholarship Mission Statement is 1) To encourage members of the congregation to pursue higher education in general, and seminary in particular, 2) to provide a tangible symbol of the Church’s support of, and continued bond with, post-secondary students, 3) to provide sound stewardship of the scholarship fund in order to ensure continued support of the congregation’s present and future post-secondary students.

1. NAME (Please Print) _____
(Last) (First) (Middle)

HOME ADDRESS _____
(Street) (City) (State) (Zip Code)

PARENTS NAME _____ TELEPHONE _____

E-MAIL ADDRESS _____

INFORMATION AND CRITERIA

- A. The award will be paid after the successful completion of one term. Please send the church a verification upon completion (such as a copy of transcript).
- B. This scholarship will be awarded up to a maximum of 4 years. Applicants must resubmit an application each year.
- C. If a selected student does not attend a school, the scholarship will be returned to the Scholarship Fund.
- D. Applicant must be a member of The Associated Church in Owatonna.
- E. Completed applications are due by **November 1** at The Associated Church office.
- F. Please include a picture with your completed application. Please e-mail if possible to Dawn@AssociatedChurch.org

2. POST SECONDARY SCHOOL YOU ARE ATTENDING _____

CLASSES BEGIN _____ 200 _____

YOUR FIELD OF STUDY _____

3. WHAT DOES THE CHURCH MEAN TO YOU?

4. LIST YOUR SERVICE ACTIVITIES AND DATES OF SERVICE:

A. CHURCH:

B. COMMUNITY:

5. ARE YOU A MEMBER OF THE ASSOCIATED CHURCH?

_____ YES

_____ NO

SIGNATURE _____ DATE _____