

2015-2016 Education Scholarship Form

This form must be completed to be considered for a scholarship any education opportunity here at St. John's Lutheran. Including: Sunday School, Oasis Afterschool/Education, Confirmation, and Adult Education. All scholarships are to be approved by the Education Commission

Date: _____

Parent Names: _____

Address: _____

Home Phone: _____ **Cell:** _____

Name of Participant	Grade	Activity
<i>Ex. Adam Adamson</i>	<i>5th</i>	<i>Oasis Afterschool</i>

What level of scholarship are you applying for?

___ Full ___ Partial (enter amount here: \$_____)

By receiving a scholarship you are expected to help out by volunteering in the area for which you are asking assistance. Are you willing to help out? ___ Yes ___ No

How can you help out? (Circle all that apply)

- Sunday Hospitality Team SS Teacher/Substitute Confirmation Guide
- Oasis Hospitality Team Oasis Teacher/Substitute Oasis Afterschool Assistant
- Christmas Program Co-coordinator VBS Volunteer (June 20-24, 2016) Special Events (one time)
- Rummage Sale Co-coordinator (May 13-14th, 2016) Milestone Co-coordinator (one time)

Please return this form directly to:

Amanda Sabelko
 Children, Youth, and Family Ministry Development Director
 St. John's Lutheran Church
 301 8th Ave NW
 Kasson, MN 55944
 Office: 507-634-7110 ext. 14
 amanda@stjohnskasson.org

<i>Office Use Only</i>		
Recvd: _____		
Approved: _____	Yes	No
Amount Awarded: _____		

Thank you for your application!!