

Luedtke/Hoffman Scholarship Application

1. Applicant's Full Name _____

Home Address (complete mailing address with zip code)

Current Address (if different from above) _____

Home Telephone _____ Mobile Telephone _____

Email Address _____ Date of Birth _____

High School _____

Cumulative GPA _____ High School Rank _____

ACT Composite _____ SAT Verbal _____ Math _____

2.

<u>Colleges to which you have applied</u>	<u>Colleges to which you have been accepted</u>	<u>Have you applied for financial aid? (Yes/No)</u>	<u>Have you received financial aid? (Yes/No)</u>

3. List other scholarships or financial aid you have applied for and amounts you have received if you were awarded scholarships.

4. List any employment experience you have. Name the place of employment, address of employment, dates of employment, supervisor, and phone number.

5. Take this opportunity to present yourself to the Scholarship Committee. Include mention of your personal, educational, and career goals. This essay is an important part of your application. Please put thought and effort into your response.

If you need additional space, please use plain paper and attach it at the end of your application.

6. Please list one or more references and ask each of them to complete a recommendation form about your academic work. Please include phone numbers.

7. What will be your academic standing in the fall? (e.g., college freshman)?

Financial Statement: Student

Has your family had any emergency or unusual expenses which would make it impossible for them to help you with college expenses as much as they otherwise would? _____

If so, please explain:

I hereby declare that the information reported above is true and complete.

Student Signature _____ Date _____

Financial Statement: Parents *To be completed by household parent(s) or guardian.*

1. Name of parent or guardian _____

2. Please list the names, ages, and relationship to you of all the people who live with you.

Ex: Susan Jones 15 Sister

Name	Age	Relationship

3. Please list all the sources and amounts of income of all members of the household and others who contribute to the household:

Wages: Name _____ Amount earned in 2018 \$ _____
 Name _____ Amount earned in 2018 \$ _____
 Name _____ Amount earned in 2018 \$ _____

(The last pay stub of the year should have these numbers, as does the W-2 tax form.)

Child support: Amount in 2018 \$ _____

Social Security: Name _____ Amount in 2018 \$ _____
 Name _____ Amount in 2018 \$ _____

Other *(Please specify; for example: SSI, W-2, unemployment):*

Source _____ Amount in 2018 \$ _____
 Source _____ Amount in 2018 \$ _____
 Source _____ Amount in 2018 \$ _____

I hereby certify that the information given above is true.

Parent/Guardian Signature _____ Date _____

All applicants are expected to perform a minimum of 20 hours of community service between May 1, 1918 and May 1, 2019. Ten of these hours of community service should be performed at Cross Lutheran Church.

Please provide documentation of all community service performed.

Please send your application, along with your transcript, and letters of recommendation to:

Cross Lutheran Church
1821 N 16th St
Milwaukee WI 53205
Attn: Scholarship Committee

Application Deadline: May 1, 2019

If you have any questions, please call Paulette Barr at 414-416-8073 or Cross Lutheran Church at 414-344-1746.

The recipient will be named in the spring of 2019 and will be asked to attend a worship service at Cross Lutheran Church to receive the scholarship.