APPLICATION FORM

THE HERBERT AND HILDEGARD BROWN SCHOLARSHIP **ENDOWMENT FUND SCHOLARSHIP APPRLICATION**

Application Date:	

APPLICANT INFORMATION	
Name: Last, First, Middle Initial. Social Security Number	
Address: City, State, Zip:	
Telephone: Home: Cell: Work/School:	
E-Mail Address:	
Date of Birth:	
While in school you intend to live: () with parents () on-campus () off-campus	
Marital Status: () S () M () D	
Total number of dependents: Self () Spouse () Children ()	
Do you intend to enter full-time church? Y() N ()	
Home Congregation/City:	
Pastor's Namo:	

PAST ACADEMIC HISTORY

High School attended:
Grade Point Average/Class Rank:
If in College: Name of Institution
GPA:
Contemplated graduation Date:
CAREER & INSTITUTION INFORMATION
Intended Vocation: Pastor Pre-Seminary Lay Minister Deaconess Director of Christian Education Director of Christian Outreach Other
LCMS Institution attending, or planning to attend:
Year/Level of program you will enter Application Accepted Beginning Date Fulltime Student

PLEASE ATTACH TWO LETTERS

- 1. One from you personally addressing your reasons for feeling called to full-time church service, high lighting the scholarships %aring and loving attitude+requirement.
- 2. One from adult who knows you well, not a parent or close relative, addressing your calling to church work and your ability to complete an appropriate course of study and supporting your calling attitude.

MAIL COMPLETED PACKAGE TO:

Brown Scholarship Committee Good Shepherd Lutheran Church Shalimar, FI 32579