

Return this application,
and an official copy of your transcript,
no later than **June 01** to:

**Scholarship Committee
Faith Lutheran Church
353 N Midland Ave.
Joliet, IL 60435**

I agree that the awarding of a scholarship shall be governed by the terms and provisions of the agreements creating the Helen M Valentine Memorial Scholarship of Faith Lutheran Church, Joliet, IL.

(signature of applicant)



**Helen M. Valentine Scholarship Available from:
Faith Lutheran Church
353 N. Midland Avenue, Joliet, IL 60435
815-725-4213 FaithNews1@sbcglobal.net**

The following scholarships are available. Please check the one for which you are applying:

_____ **Medical Scholarship**, to be awarded to a student attending a school of medicine, dentistry or other healing art. The recipient shall be a resident of Will County. Financial need will be given consideration. Award shall be made without regard to race, gender, creed or ethnic origin.

_____ **Nursing Scholarship** to a student at St. Joseph College of Nursing. The recipient shall be a resident of Will County. Financial need will be given consideration. Award shall be made without regard to race, gender, creed or ethnic origin.

_____ **Nursing Scholarship** to a student at Joliet Junior College nursing program. The recipient shall be a resident of Will County. Financial need will be given consideration. Award shall be made without regard to race, gender, creed or ethnic origin.

_____ **Seminarian Scholarship** to a student preparing for ordained service in the Evangelical Lutheran Church in America. *First* consideration will go to members of Faith Lutheran Church. *Second* consideration will go to students attending an ELCA seminary. Financial need will be given consideration and recipient pledges that when financially able he or she will assist at least one person not a member of his or her family to attain an undergraduate or graduate degree.

The application form, together with an official transcript from your school, must be returned to the church by June 01. No consideration will be given to applicants whose application or transcript is late.

If an applicant fails to begin an intended course of study, the scholarship must be returned.

Helen M. Valentine Scholarship Application Form

Name _____

Address _____

Phone _____

Age _____ Marital Status _____ Sex _____

High School attended and year of graduation

List names of parents with their addresses and occupations

List brothers and sisters with their ages and schools attending
(if any)

Colleges attending or attended, degree, major, and date of graduation.

School you plan to attend next year, expected course of study and anticipated date of graduation.

Current GPA and/or class rank

Extra curricular activities at your present school:

Explain any special financial circumstances of which the scholarship committee should be aware: