

**Application for  
St. Paul's Church Scholarship Fund**  
1710 East Superior Street, Duluth, MN 55812

*Please read the accompanying information carefully before filling out this form.*

**INSTRUCTIONS:**

1. Complete this application and return it to the church office by March 15, via US mail or emailed to [bookkeeper@stpaulsduluth.org](mailto:bookkeeper@stpaulsduluth.org).
2. Request your counselor to prepare a copy of your academic record and send it to the church office, via US mail or emailed to [bookkeeper@stpaulsduluth.org](mailto:bookkeeper@stpaulsduluth.org).
3. Two letters of recommendation are required. One of these must be from a classroom teacher, an activity advisor, coach, or a counselor from your high school; and one should be from an unrelated, adult member of St. Paul's Church. These should be submitted directly to the church office, via US mail or emailed to [bookkeeper@stpaulsduluth.org](mailto:bookkeeper@stpaulsduluth.org).

**NAME OF APPLICANT** \_\_\_\_\_ email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**PRESENT ADDRESS** \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

**PERMANENT ADDRESS** \_\_\_\_\_ phone \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **GRADUATION DATE** \_\_\_\_\_

Name of institution you hope to attend.

**INSTITUTION** \_\_\_\_\_ Beginning: Mo. \_\_\_\_ Yr. \_\_\_\_\_

Present major field of interest: \_\_\_\_\_ Course length \_\_\_\_\_

Have you applied to this school? \_\_\_\_\_ Been accepted? \_\_\_\_\_

**Who is submitting letters of recommendation?**

1. \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

If you have had employment or have volunteered somewhere on a regular basis, please list:

Employer	Organization	Type of Work	Dates	Hours/week

Explain any unusual circumstances at school or at home which may have influenced your record in any way. If your schooling has been interrupted for any reason, please explain.

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**ACTIVITIES:**

List ALL activities and organizations in which you are now or have been an active participant:

*(In High School and Community)*

Name of Organization	Dates of Participation	Offices Held

At St. Paul's Episcopal Church:

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Please answer the following two questions: Use as much space as you need. Feel free to add additional pages.

1. Why do you believe you should be granted this award, remembering that financial need is not a requirement? (Do not worry about sounding as if you are boasting. We need such information in order to know you better.)
2. How do you feel this scholarship will help you achieve your goals?

All the information supplied above constitutes my application for a St. Paul's Scholarship and is correct and true to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

*(Signature of Applicant)*