

## St. John's Student Endowment Scholarship Application St. John's Lutheran Church – Burt, Iowa 50522



Please type or print all information)						
Name:						
Address:	st	Middle		Last		
Street			City		State	
			Zip Code		hone	
Place Of Birth :	Date Of	Birth :				
School Attended Last Ye	ear :					
Church Membership : _						
	Home Co	ngregation		Pastor		
Cinale . Marris		Snovosio I	Nama .			
Single : Marrie			Name :			
	S	pouse's Occup	ation :			
Children :	Na	ame	Age			
-						
-						
-						
For What Full-Time Church Vocation Are You Preparing?						
At What Concordia Have	You Enrolled?					
At What Concordia Have	Frou Emoneu?					
What Student Grade Lev	el Will You Enter?					
Live On / Off Campus?						
				_		
Signature Of Applicant			Date			
Amount Awarded To Student :				Date :		

Or Email: churchoffice@stjohnsburt.org OR pastor@stjohnsburt.org