

CHRIST LUTHERAN CHURCH STOUGHTON, WISCONSIN
COLLEGE SCHOLARSHIP SUBSEQUENT YR APPLICATION

This is for members who have received a scholarship from CLC in previous years. **IF THIS IS YOUR FIRST TIME APPLYING FOR CLC SCHOLARSHIPS, PLEASE USE THE FIRST YEAR APPLICATION.**

Full Name: _____ Parents' Name(s): _____

Permanent Address: _____

Phone: _____ Email _____

HS Graduation Date (Year): _____ Year Confirmed or Year became CLC member: _____

University, College, or Technical school you plan to attend or already attend: _____

What city/state is the school in? _____

Is this a Christian school (*different types of CLC scholarships available*)? (Yes/No) _____

Intended course of study / career goal: _____

Major(s) _____ Minor(s) _____

Year in college during upcoming academic year. (2/3/4 5(*seminary student only*)) _____

Number of CLC Scholarships received previously. (*For admin purposes only. Will not impact decision on scholarship award*) _____

List Christian / Charitable activities (service projects) participated in during your college life (IF Applicable).

Please explain any other information which may be of value in considering your application. (*Please limit your answer to 1 page.*)
