

Nicol Scholarship—Student application for consideration

Date of application _____

Return this form to:

_____ new _____ repeat

St. Luke Lutheran Church & School
Scholarship Committee
330 Hannahstown Road
Cabot, PA 16023

Student Information

Name _____
(Last) (First) (Middle)

Home address _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate _____

Academic year for which you are applying: 20____ to 20____. Class Level _____

Are you a graduate of St. Luke Lutheran School? _____ Year graduated _____

Are you presently an active member of St. Luke Lutheran Church? _____

Family Information

Father's/Guardian's Name _____

Mother's/Guardian's Name _____

Names and ages of siblings _____

Academic Information

Please list all schools you have attended starting with the one you are presently attending:

<u>Name of School</u>	<u>Location</u>	<u>Dates of attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Information

Date or expected date of high school graduation _____

What is your cumulative grade point average? _____

How many students are in your present class? _____

What is your ranking in the class? _____

(Please attach a copy of high school transcript)

