

# Christ Our Savior Lutheran High School

## Academic Scholarship Application Form

PLEASE PRINT. THANK YOU! IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH A SEPARATE SHEET OF PAPER.

Student's Name: \_\_\_\_\_ Gender \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street Number Street Name City State Zip

Home phone number (\_\_\_\_\_) \_\_\_\_\_ Parent Cell Number (\_\_\_\_\_) \_\_\_\_\_

School currently attending: \_\_\_\_\_  
School name City State Zip

Name of teacher to be used as reference: \_\_\_\_\_ Name of Pastor \_\_\_\_\_

### Areas of Excellence:

#### 1. ACADEMIC

What do you consider to be your strongest subject? \_\_\_\_\_

**Please attach copies of your last three report cards.**

#### 2. ACTIVITIES AND CLUBS

Please list or describe activities or clubs in which you have participated. Please include number of years or the dates you participated.

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3. AWARDS, ACCOMPLISHMENTS, POSITIONS OF LEADERSHIP

Please list or describe any awards that you have received. \_\_\_\_\_

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Please list or describe any special accomplishments. \_\_\_\_\_

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Please list or describe any leadership positions you have held. \_\_\_\_\_

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4. SERVICE TO CHURCH, SCHOOL, OR COMMUNITY

Please list or describe any servant events or projects in which you have participated. For each, list the date(s) and the specific role you played or work you did.

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5. In 300 words or less, please describe the most memorable service opportunity that you have participated in, including your role.

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Please explain why you should receive this award.

**Return application, copies of last 3 report cards, and two letters of reference to Christ Our Savior Lutheran High School by April 30.**

Christ Our Savior Lutheran High School

Attn: Mrs. Sherry Prange, Administrator

810 Soldiers Way, Evansville, IL 62242

Phone: 618-853-7300

Fax: 618-853-7361

[www.coslhs.org](http://www.coslhs.org)