

First Evangelical Lutheran Church
414 Main Street, La Crescent, MN 55947
Scholarship Committee
Weist/Pieper Fund

Please return the application to the church office by March 31st.

Child's Full Name _____

Child's Home Address _____

Date of Birth _____ Social Security Number _____

Prospective or Current School _____

Grade in school this coming fall _____

Father's Full Name _____

Father's Address if Different _____

Father's Occupation _____

Mother's Full Name _____

Mother's Address if Different _____

Mother's Occupation _____

Number of Children in the Family _____

Brothers _____ Ages _____

Sisters _____ Ages _____

Family Annual Income: Adjusted Gross \$ _____ (both parents)

From most current Federal income tax form

Indicate any exceptional family expenses or circumstances:

Cost of tuition, registration and fees at the school(s) you are considering \$ _____

Cost of registration and fees at the school(s) you are considering \$ _____

Amount you are requesting from the scholarship committee \$ _____

Please indicate the areas where you serve in the congregation or where you would be interested in serving:

Signature of Parent (s)

Please return the application to the church office by March 31st.