

Date _____ AWARD AMOUNT \$ _____

Emmanuel Lutheran Church Education Grant

NAME _____
(Last) (First) (Middle)

PERMANENT ADDRESS _____
(Street, P.O. Box) (City) (State) (Zip)

DATE OF BIRTH _____ Cellphone # _____
(month, day, year)
Email _____

NAME OF PARENT/GUARDIAN _____

SCHOOL DATA

High School Attended _____

Graduation Date Mo. _____ Year _____

Name of post-secondary school for which applicant's grant is requested:

_____ 4 year college/university

_____ Vo tech

_____ Community college

_____ Graduate School

_____ Business/computer

_____ Other

Accredited? _____ yes _____ no

Full-time student _____ Part-time student _____

Number of study hours per quarter/semester/term _____

Address of school _____

Anticipated date of graduation from post-secondary program _____
Month Year

Major field of study applicant plans to pursue _____

Other years you have received this grant _____

PLEASE FILL IN ALL AREAS COMPLETELY and mail to: Grant Committee
P.O. Box 282
Grafton, IA 50440

Application must be postmarked no later than August 31.