Student Name: _____ Luther ID_____

Luther College Endeavor Together

NEED-BASED SCHOLARSHIP APPLICATION

BRIEFLY EXPLAIN THE CIRCUMSTANCES MAKING A SCHOLARSHIP NECESSARY FOR YOUR PARTICIPATION IN THE ENDEAVOR TOGETHER PROGRAM:

Luther College takes the security of your financial information very seriously. In order for our office to best assess your eligibility for this need-based award, we need you to give the Financial Aid Office permission to share with us your level of financial need eligibility. If you are willing, please sign this release for the Financial Aid Office to share your financial eligibility for this program with our office.

I hereby grant permission to the Financial Aid Office to share my financial eligibility for the Endeavor Together Program for scholarship consideration with the scholarship team.

Student Signature: _____

Parent Signature: _____

(*for the parent whose information is on the FAFSA)*

NOTE: Partial scholarships are available based on financial need. All families will be required to pay a minimum of $100 towards their experience.

Return form via email to:

Jake Dyer, dyerja01@luther.edu or mail to:

Endeavor Together, Luther College, 700 College Drive, Decorah, IA, 52101