



Timothy Lutheran Church

Betty Wilson Scholarship Application

Applicant Name: _____ Date of Birth: _____

Address: _____ City, State, Zip Code: _____

Email Address: _____ Cell Phone Number: _____

Parents' Names: _____

Parents' Address: _____ City, State, Zip Code: _____

Parents' Email Address: _____ Parents' Phone Number: _____

Baptism Date: _____ Baptizing Church: _____

Baptizing Church's Synod: _____

Confirmation Date: _____ Confirming Church: _____

Confirming Church's Synod: _____

Name of High School: _____ Anticipated Graduation Date: _____

Indicate Grade Level for Upcoming School Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Include the following with your completed application form:

- Most recent transcripts showing GPA;
- An approximately 500 word essay about yourself and why you feel you should be awarded this scholarship;
- A resume of your volunteer activities, extra-curricular activities, and work experience;
- Reference letter from your pastor, teacher, or principal.

Applicant Signature

Completed application form and all items listed above must be submitted to:

Timothy Lutheran Church Scholarship Committee
c/o Truman Heartland Community Foundation
4200 Little Blue Parkway, Suite 340
Independence, MO 64057

Application Deadline:

July 1

For Official Use Only:

Date application received: _____ Date approved: _____

Date applicant notified of award: _____ Amount approved: \$ _____

Date(s) scholarship funds mailed: _____

Date of follow-up to applicant if scholarship was not approved: _____

Scholarship Committee Chairman