



Timothy Lutheran Church

Theodore V. Schubkegel Scholarship Application

Applicant Name: _____ Date of Birth: _____

Address: _____ City, State, Zip Code: _____

Parents' Names: _____

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

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

Baptism Date: _____ Baptizing Church: _____

Baptizing Church's Synod: _____

Indicate Grade Level for Upcoming School Year: ___ 2nd Grade ___ 3rd Grade ___ 4th Grade ___ 5th Grade
___ 6th Grade ___ 7th Grade ___ 8th Grade

Include the following with your completed application form:

- Most recent transcripts/report card showing GPA;
- A resume of your extra-curricular activities (if any);
- 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