

TLC SCHOLARSHIP FUND
Transfiguration Lutheran Church
11000 France Avenue South
Bloomington, MN 55431

PURPOSE: To inspire the development of faithful, service-oriented Christian leaders, and to provide financial support for higher education to students within Transfiguration Lutheran Church.

ELIGIBILITY:

- Must be an active member and participant of TLC
- Must be a high school senior
- Must be involved in service both within and outside the church
- Must pursue higher education at a technical, 2- or 4-year institution

AWARD: A total of \$1,000 in scholarship funds will be awarded to one or two students.

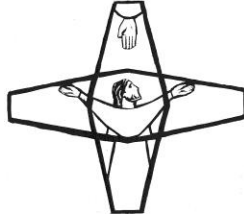
APPLICATION REQUIREMENTS:

1. Complete the application provided. *
2. Attach a 1-2 page essay that:
 - A. explains how this scholarship will help you reach your educational goals
 - B. reflects on the following quote:
“The place God calls you to is the place where your deep gladness and the world’s deep hunger meet.” - Frederick Buechner
 - C. Please include any other noteworthy accomplishments that are not education or church-related (items which help give perspective on your life and passions)
3. Attach one letter of recommendation.
 - A. Letter should be from a TLC member or non-member.
 - B. Letter may not be from a relative or a TLC pastor.
4. Attach a current high school or post-secondary transcript.
5. Return all application materials no later than Tuesday, **May 29th** at **5:00 PM** to:

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Bloomington, MN 55431

*This application is available to download and print online at www.tlcmn.com

The selection team may contact you to review your application if questions arise. Should you have any questions, please contact Youth and Family Minister Ben Cherland at 952.884.2364, ext. 12 or bcherland@tlcmn.com



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APPLICATION

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

FAMILY INFORMATION

PARENT INFORMATION:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NUMBER OF SIBLINGS: _____

EDUCATION

HIGH SCHOOL: _____

ADDRESS: _____

PREFERRED INSTITUTE(S) OF HIGHER EDUCATION

NAME: _____ NAME: _____

CITY, STATE: _____ CITY, STATE: _____

VOLUNTEER SERVICE WITHIN TLC

NAME OF MINISTRY: _____

CONTACT PERSON: _____ PHONE: _____

TYPE OF SERVICE: _____

DATES VOLUNTEERED: from _____ to _____

AVERAGE NUMBER OF HOURS VOLUNTEERED PER WEEK: _____

NAME OF MINISTRY: _____

CONTACT PERSON: _____ PHONE: _____

TYPE OF SERVICE: _____

DATES VOLUNTEERED: from _____ to _____

AVERAGE NUMBER OF HOURS VOLUNTEERED PER WEEK: _____

VOLUNTEER SERVICE OUTSIDE TLC

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

TYPE OF SERVICE: _____

DATES VOLUNTEERED: from _____ to _____

AVERAGE NUMBER OF HOURS VOLUNTEERED PER WEEK: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE: _____

TYPE OF SERVICE: _____

DATES VOLUNTEERED: from _____ to _____

AVERAGE NUMBER OF HOURS VOLUNTEERED PER WEEK: _____

EXTRACURRICULAR ACTIVITIES

Briefly list the clubs, sports, music organizations, and other activities in which you have been involved. Please indicate any leadership positions held, awards, and/or accomplishments.

ACTIVITY:

ACTIVITY:

ACTIVITY:

You may attach a separate sheet for information you feel is important to your application.

The applicant hereby certifies the information provided in this application is true to the best of his/her knowledge and allows the selection team to contact persons listed in application.

SIGNATURE: _____

DATE: _____