



Application for College Scholarship

The Olivet Lutheran Foundation provides scholarships of \$500 to each Olivet student that applies for the scholarship and is qualified based on the criteria below.

1. Applicant must be enrolled in an ELCA college as a full-time student.
2. Applicant must provide a copy of their course schedule for the upcoming academic period with the application, or as soon as possible following registration.
3. Scholarship application is open from January 1-July 31 each year. Applications received after the due date may not be considered.
4. Students may apply for the scholarship to assist with tuition for the first four academic years immediately after their high school graduation.
5. Payments will be made directly to the college or university.
6. It is the student's responsibility to notify the financial aid office at the college or university of the scholarship award as it may affect the student's financial aid package (if applicable).

Student Name: _____

Home Address: _____

Phone: _____

Email Address: _____

Member of Olivet by: Baptism Confirmation Transfer Other

Year of High School Graduation: _____

This scholarship is only available the first four academic years immediately following the student's high school graduation.

Please check the year this application applies to: Year 1 Year 2 Year 3 Year 4

ELCA College Attending: _____

Mailing Address: _____

City: _____ State: _____

Student Signature: _____ Date: _____

Please return this application and your course schedule to the church office. Scholarships will be awarded between June 1-August 31 each year. Notification of scholarship awards will be made via email using the address provided above. If you have questions about the scholarship process, please call the church office at 701.235.6603.

Note that all application materials for submission should be turned in together, if possible. Please keep a copy of this form and all receipts for your records.

For Internal Use Only: Date notified of award status: _____ Email attached: _____
Date payment mailed: _____ Check number: _____ Copy attached: _____

Updated June 2023