MARY FISCHER MEMORIAL SCHOLARSHIP APPLICATION FORM

For the 2025-2026 Academic Year Deadline June 20, 2025

\$2,000 One Time Scholarship

(name of applicant)	
(address of applicant)	
(parent(s)/guardian(s) name and address, please	e provide if applicant is under 18 years of age
(telephone number of applicant)	(date of birth of applicant)
Please complete the following:	
I am currently attending (name of high schoo	ol or college)
My anticipated graduation date is (indicate w	whether in high school or college)
My Grade Point Average (GPA) is (indicate v	whether in high school or college)
	ation from a church leader, community leader, or academic ters of recommendation can be included if desired).
 Any additional information that you fee award. 	el the committee would need to know in determining this
Committee") STATEMENT OF PURPOSE:	RSHIP RECIPIENT SELECTION COMMITTEE (Award The Mary Fischer Memorial Scholarship Fund is intended as sgiving and stewardship with the hope that the ministries of ded in the life of the Church.
annually award the scholarship to an applica	e to receive and review all applications with the intent to ant who demonstrates a high level of academic, religious and evement consistent with the values and criteria upon which
(signature of applicant)	(date) (date) (date)

Note: Additional Questions on Page 2

In the space below, please provide information as to any academic honors received (indicate whether in
high school or college).
In the space below, please provide information as to any activities or groups with which you are/have
been involved either in the community, at school or at St. Philip's Lutheran Church.
In the space below, please provide a brief statement as to your education and occupational goals.
In the space below, please provide a brief statement as to how you see the work of the Church and
your involvement with the Church can assist you in achieving your educational and occupational goals.