

ALLAN CARL SCHROEDEL MEMORIAL SCHOLARSHIP FORM

Application Dates: March 1, 2019 – April 12, 2019

Scholarships offered by Peace United Church of Christ, Rochester, Minnesota

Attention: Please read carefully:

- Scholarship awards will be based on 1) qualified applicants enrolling in an accredited academic or vocational program, **with emphasis upon (but not limited to) the fields of religion, computer science, medicine, and arts**, and 2) financial need and academic record.
- A transcript of your high-school or most recent academic record must be included with this application. Please limit additional information to one page or less.
- This application must be returned or postmarked by April 12, 2019 to Peace UCC, 1503 2nd Ave NE, Rochester, MN 55906.
- Notification of acceptance will be made by May 6, 2019.
- Recipients of awards must provide the committee with the full name and address of the College or Vocational School he or she will be attending. The scholarship check will be sent to the recipient, but will need to be endorsed by both the recipient and the institution.

A. Personal Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street/Box #) (City/State) (Zip Code)

Telephone: _____

Are you presently in High School? (circle one) No Yes
If Yes, where? _____

Where do you intend to go to school (college, vocational, etc): _____

Have you been accepted? _____ What degree will you be working toward? _____

What are your vocational goals? _____

Please summarize your extra-curricular and volunteer activities (senior-high and later):

- School: _____ - Social: _____

- Church: _____ - Civic: _____

Please provide a statement about your faith journey and how it has shaped your life path.

B. Work Experience

Employer & Address	How long?	Type of Work	PT / FT ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Family History (if living at home)

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number of siblings: _____ Do any members of your family attend a post-high school institution?

___ Father ___ Mother Where? _____

___ Sibling(s) Where? _____

If on your own, describe your family situation:

D. Financial Data

Indicate Total Gross Income (both parents) as indicated on 1040 Tax Form: \$ _____

Anticipated expenses: (circle one) per semester per quarter

Tuition / Fees \$ _____ Books \$ _____

Living Expenses \$ _____ Other \$ _____

How much will your family contribute? \$ _____ How much you will contribute? \$ _____

Have you been awarded any financial assistance (loans, grants, local scholarships, etc)? Yes No

If Yes, how much? \$ _____

Indicate any unusual circumstances that may increase your need:

E. Personal References (please provide two personal references):

Name	Address	Phone
_____	_____	_____
_____	_____	_____

_____ signature of applicant date signature of parent(s) date