

Barbara D. Anderson Scholarship Applicant Eligibility

Applicants must be graduates of Geneva Community High School or a high school graduate and member of Geneva Evangelical Lutheran Church in Geneva, IL.

Applicants must rank in the top **50% of his/her graduating class and plan to attend a 4-year college or university at least partially supported by the Evangelical Lutheran Church of America (ELCA)** in order to be considered. Please be advised that certain Missouri Synod Lutheran colleges and universities are partially supported by the ELCA.

Applicants are judged on the following criteria, in order of importance:

1. Scholarship
2. Moral Character/Christian Witness
3. Citizenship
4. Financial Need

Applicants must also be willing to be orally interviewed if requested by the committee.

The scholarship may be awarded to multiple recipients and awards can range from \$500 to \$2,000 per academic year. The award is payable in equal installments to the college or university of the recipient's choice by the semester or trimester, under whichever system the school operates, rather than giving the full amount of the award all at one time.

Applicants may reapply an additional 3 times for the award for a maximum of 4 times.

A member of the scholarship committee will present the award(s) at the Geneva Community High School Awards Assembly in May of each year. Additionally, **recipients will be requested to attend the church service held on the second Sunday of June when Geneva Lutheran recognizes all of its graduates and scholarship recipients.**

The Barbara D. Anderson Scholarship Committee at Geneva Evangelical Lutheran Church administers the Scholarship. Any questions may be directed to the church by calling (630) 232-0165.

APPLICATION CHECKLIST

Please verify you have submitted the appropriate forms for Scholarship Review. It is not the responsibility of the Scholarship Committee to retrieve missing forms. Thank You.

For New Applicants:

- Completed Scholarship Application
- Complete Transcript of your high school and/or college grades.
- Recommendation for Award Forms completed by a minimum of 3 references.

For Current Recipients:

- Completed Scholarship Application
- Complete Transcript of your college grades.
- Recommendation for Award Forms completed by a minimum of 3 references.

All Barbara D. Anderson Scholarship Requests are due by April 15th to be eligible for award. Please submit to:

*Barbara D. Anderson Scholarship Committee
Geneva Lutheran Church
301 South Third Street
Geneva, IL 60134*

**BARBARA D. ANDERSON MEMORIAL
SCHOLARSHIP APPLICATION**

Geneva Lutheran Church
301 S. Third Street
Geneva, IL 60134

Name _____
(last) (first) (M.I.)

Address: _____

First Time Applicants:

High School Attended: _____

Graduation Year: _____ Class Percentile Ranking _____

Other High Schools Attended (if applicable): _____

To which ELCA Colleges have you applied?

Accepted for
admission

If attending college now, which college? _____

Please send the committee a complete transcript of your high school and/or college status.

Current Recipients of Barbara D. Anderson:

Current School Address: _____

All Applicants:

Current/Planned Major(s) _____

Planned occupation Upon Graduation (If known): _____

Name and Addresses of individuals submitting recommendation letters on your behalf-
Please note that relatives may not be used as a reference.(minimum of Three):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Answer each of the following questions:

- 1.) Why have you chosen to attend an ELCA supported college?

2.) What major(s) have you selected? (If you have not selected a major, what areas of study interest you?) Why have you chosen this/these majors? What do you hope to do with a degree in this area of study?

3.) If a current ELCA college student, briefly describe an experience from the past year that confirms your decision to attend an ELCA college. If a high school student or a college student transferring to an ELCA college, why do you want to attend an ELCA college?

- 4.) In what outside (extra-curricular) activities do you participate?
- 5.) Without listing any amounts, please describe the other sources of money you plan to use to fund your education at this ELCA institution:

If you need additional space or believe there is other information that the scholarship committee should consider, please attach additional sheets to this form.

I understand that the Barbara D. Anderson Scholarship Committee may ask me to appear for an oral interview at the committee's discretion.

I understand that falsifying any information contained in this application shall be considered just cause by the Barbara D. Anderson Scholarship Committee to disqualify me as an applicant and/or terminate my financial assistance at a later date.

Signature of Applicant: _____

Date: _____

Please return this application to:
Barbara D. Anderson Scholarship Committee
Geneva Lutheran Church
301 South Third Street
Geneva, IL 60134

**Barbara D. Anderson Memorial Scholarship
Recommendation for Award**

**Geneva Lutheran Church
301 South Third Street
Geneva, IL 60134
(630) 232-0165**

***To the Applicant:** Fill in your name and the name of the person you are asking to make this recommendation. Then give this form and a stamped envelope addressed to the Barbara D. Anderson Scholarship Committee to the person completing this form.*

Applicant: _____
(Last) (First) (Middle)

Reference: _____
(Last) (First) (Middle)

***To the Reference:** Scholarships are awarded on the basis of academic ability and leadership qualities. To assure that these scholarships go to the most worthy applicants, please provide as much information as possible. Additional space has been left after each question for comments. Your recommendation should be made without consulting the applicant. Please note that relatives of the applicant may not be used as a reference. All information received will be treated confidentially. Thank you for taking the time to make this recommendation.*

1. Indicate the extent to which you think the applicant has a serious purpose in life which would be advanced by additional education.

Outstanding Excellent Good Fair Poor

Comments:

2. To the best of your knowledge, does the applicant have high moral character and personal habits?

Outstanding Excellent Good Fair Poor

Comments:

3. How would you rate the leadership potential of this applicant?

Outstanding Excellent Good Fair Poor

Comments:

4. In your opinion, the creativity of the applicant in their school work, extra curricular activities, and/or community service should be rated as:

Outstanding Excellent Good Fair Poor

Comments:

5. If there is additional information about the applicant you think will help the committee judge the merits of the applicant, please use the space below or attach an additional page.

Years I have know the applicant: _____ Relationship to the applicant_____

(Signature of Reference)

(Date)

Street Address or P. O. Box_____

City, State, Zip Code _____

Please return this recommendation to the:

Barbara D. Anderson Scholarship Committee Geneva Lutheran Church
301 South Third Street Geneva, IL 60134