



Scholarship Fund Application

Scholarship Year _____

Name _____ Grade in school _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Are you currently a member of St John's Lutheran Church? ☐ Yes ☐ No

Musical Background

Please give a brief summary of your musical experience, including your participation at St. John's Lutheran Church. You may use an additional page, if necessary.

Goals

Briefly explain why you are applying for this scholarship and how it will assist in achieving your goals.

Signature _____ Date _____

Please return completed application to [Michael Elsbernd](#)
Applications must be received on or before **Saturday, April 15, 2023 at 5:00 p.m.**



St. John's Lutheran Church | 600 6th Avenue | Des Moines, Iowa 50309 | (515) 243-7691

03/01/2023