

# SID Scholarship Application

Return form by June 15 to the Southern Illinois District Office at 2408 Lebanon Ave. Belleville, IL 62221

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Pastor: \_\_\_\_\_

Parents: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate siblings attending school away from home: \_\_\_\_\_

\_\_\_\_\_

Is the applicant married? \_\_\_\_\_ Number of children: \_\_\_\_\_

Education (format: School Name, School Location, Graduation Date)

a. Grade school: \_\_\_\_\_

b. High school: \_\_\_\_\_

c. College: \_\_\_\_\_

Which synodical school will you attend? \_\_\_\_\_

Which grade will you be entering? \_\_\_\_\_

For which profession do you intend to prepare? ( ) Pastor ( ) Teacher ( ) Deaconess

( ) Director of Christian Education ( ) Parish Worker ( ) Lay Assistant ( ) Other

Will you have a car? \_\_\_\_\_ Your own or registered in another name? \_\_\_\_\_

Date of Completing Application: \_\_\_\_\_