

KITTELSON MEMORIAL SCHOLARSHIP FUND APPLICATION

Applicant's Name:

Applicant's Address:

Phone Number:

Email:

Date you became a member of Faith Evangelical Lutheran Church (FELC) of Roseburg, Oregon.

Date: _____

Date you became a confirmed member of Faith Evangelical Lutheran Church (FELC) of Roseburg, Oregon, or a church in full communion agreement with Faith.

Date: _____

Applicant's Declaration: *(describe the activities that constitute your participation in the life of FELC during the current or preceding year).*

Please state your educational goal:

Applicant's Signature:

Date:

Parent(s) of Applicant:

Phone Number:

Verification that the applicant has communed and contributed to the spiritual life of Faith or another church in full communion agreement during the current or preceding calendar year.

Pastor's Signature:

Date: _____

Return completed application to: Legacy Committee, c/o Faith Evangelical Lutheran Church, P.O. Box 2349, Roseburg, OR 97470 by March 14th.