

KITTELSON MEMORIAL SCHOLARSHIP FUND APPLICATION RENEWAL

Applicant's Name: _____

Applicant's Address: _____

Zip Code: _____

Phone Number: _____

Email: _____

Year in which you received a scholarship from FELC: _____

Describe your participation in church activities in the previous year.

Tell us about your academic progress.

Applicant'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.

Renewal scholarships are subject to the availability of funds.