



The 2024
Lutheran Choral/Olive "Jac" Kistner
Scholarship Application



The **Lutheran Choral/Olive "Jac" Kistner** scholarship committee is very pleased once again to announce the availability of two (2), one-thousand-dollar (\$1000.00) college scholarships for eligible recipients.

An eligible recipient is a person who is attending, or plans to attend, full-time, an accredited college or technical school. We will also consider part-time students who have at least completed their sophomore year. Scholarship applicants must be personally sponsored by a current member of the Lutheran Choral Association.

Proof of enrollment in the intended college and a letter of recommendation from your sponsor must accompany this application. Applications will be reviewed by our scholarship committee. Recipients will be notified and announced within two weeks of the application deadline. Those chosen will be announced at the Monday night rehearsal following the deadline date of submitting.

Please be sure all written requirements are submitted together when given to your Lutheran Choral sponsor. We are sorry that we are not able to receive digital applications. The 2024 application deadline is August 5.

SUMMARY OF APPLICATION DOCUMENTS NEEDED

1. Completed Scholarship Application, Parts A and B.
2. Proof of enrollment from the college you plan to attend.
3. Letter of recommendation from your Lutheran Choral sponsor.

LUTHERAN CHORAL / Olive "Jac" Kistner SCHOLARSHIP APPLICATION

INSTRUCTIONS: Complete parts A and B.
Sign, date and return to your sponsor with a copy of your acceptance letter from your college and letter of recommendation from your sponsor no later than **August 5th, 2024.**

PART A Please print legibly.

PERSONAL DATA:

NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

HIGH SCHOOL OR COLLEGE NOW ATTENDING: (if applicable)

NAME: _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
CURRENT GPA: _____
GRADUATION DATE: _____

COLLEGE YOU PLAN TO ATTEND:

NAME: _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER: _____
MAJOR (IF KNOWN): _____

LUTHERAN CHORAL SPONSOR:

NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____

