

# The Elmer and Grace Schroeder Scholarship Application

The Schroeder Scholarship is currently limited to students currently enrolled in Southwest District of the Lutheran Church Missouri Synod schools.

The following form is used to determine scholarship awards based on academic achievement, financial need, and commitment to a faith based education by the student and their family. The form must be fully completed and required supporting documentation must be submitted to be considered.

## 1. Name of parent or guardian

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## 2. Address

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## 3. Parent or guardian phone number

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## 4. Number of children in the household

*Mark only one oval.*

- One
- Two
- Three
- Four or more

## 5. Are all children of school age attending schools within the Southwest District of the Lutheran Church Missouri Synod?

*Mark only one oval.*

- Yes
- No

## 6. Name of Student

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## 7. Date of Birth

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*Example: December 15, 2012*

**8. Gender**

*Mark only one oval.*

- Female
- Male

**9. Present Grade**

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**10. Present School**

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11. *Mark only one oval.*

- Option 1

**12. Is there tuition at the present school?**

*Mark only one oval.*

- Yes
- No

**13. If you currently pay tuition, how much per year**

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**14. Do you currently receive financial aid or a scholarship?**

*Mark only one oval.*

- Yes
- No

**15. If you currently receive financial aid, what is the amount per year and from what source?**

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**16. Does the child for which this application is for reside at same address as the applicant?**

*Mark only one oval.*

- Yes

**17. Provide a summary of the child's academic achievements.**

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**18. Provide a summary of the child's extra curricular activities.**

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**19. What School will the child attend next year?**

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**20. Why is a faith based education important to you and your child?**

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**21. Please provide by e-mail or by US Mail copy of the child's last two grade reports from their current school. Reports can be emailed to: [ccfourkids1@gmail.com](mailto:ccfourkids1@gmail.com) or by mail to: Caring Christians 4 Kids 8468 South 42nd St. Franklin, Wisconsin 53132 . Please indicate how your reports will be sent**

*Mark only one oval.*

- email
- US Mail

*Skip to question 22.*

**Parent or Guardian Financial Information**

The following information is required to help determine financial need. All information will be treated as confidential and not be disclosed to any outside parties. A copy of your last federal tax return with social security numbers redacted for your security is required to process this application.

**22. A copy of your last federal tax return with social security numbers redacted for your security is required to process this application. This may be e-mailed to: [ccfourkids1@gmail.com](mailto:ccfourkids1@gmail.com) or by US Mail to: Caring Christians 4 Kids 8468 South 42nd Street Franklin, Wisconsin 53132 . Please indicate below how you will be sending this to us.**

*Mark only one oval.*

- Email
- US Mail

**23. Total gross household annual income.**

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**24. Child Support or alimony income.**

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**25. Any other income including gifts. Note source**

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**26. Home market value (if homeowner)**

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**27. Vehicle(s) market value**

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**28. Average savings balance (s)**

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**29. Average checking balance (s)**

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**30. List other significant assets**

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**31. Current mortgage (if homeowner)**

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**32. Current monthly rent (if renter)**

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**33. Monthly loan payments including credit card debt.**

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**34. Provide any additional financial information that you may feel is pertinent to determining your financial need.**

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