



St. John's Foundation Scholarship Application Form

Please select the scholarship(s) for which you would like to be considered.

- St. John's Foundation Scholarship, \$500 Award** Summer Fall Spring
- Harry and Alta Mae Wardell Scholarship Fund for Academic Excellence, \$750 Award** Fall
- The Alberta T. and Royal C. Auld Scholarship, \$1,000 Award** Fall

Eligible applicants not selected for either the Wardell or the Auld Scholarship will automatically be considered for a Foundation Scholarship. Please use black or blue ink.

General Information

Employee Dependant of Employee Employee's name _____

Applicant's Name _____
Last First Middle Initial

Address _____
Street City ST Zip

Preferred Phone _____ Email _____

Employment Information

Please list your work experience, including volunteer jobs, in reverse chronological order.

Employer	Position	Dates Worked	Hrs per week	Supervisor's Name

Academic Information

(Please attach a copy of a school transcript, if applicable)

Type of Education	School Attended	Dates Attended	Current GPA
High School			
College/University			
Other			

Intended Course of Study _____ Cost of Tuition/Seminar \$ _____

Educational Institution _____

Address _____
Street City ST Zip

Please list any other financial assistance you've applied for and/or are currently receiving:

Source _____ Amount _____

1. _____
2. _____

St. John's Foundation Scholarship Application Form (cont.)

Applicant Questionnaire

What are your short and long term career goals?

What attributes do you have that demonstrate why you should receive this scholarship?

What have you enjoyed most about your work/involvement with St. John's, Mission Ridge or Vista?

Describe your volunteer and/or community service activities (in the St. John's community or other).

Please write a brief summary of why furthering your education is important to you.

I have completed this form to the best of my knowledge, answering each question truthfully. I give St. John's Foundation my permission to verify all the information that I have provided.

Signature

Date

Return Completed Application to:
St. John's Foundation, Inc
3940 Rimrock Road
Billings, MT 59102



St. John's Department Director Recommendation Form

Employees must use this form for their recommendation.

Applicant: Please complete top portion and then give the form to your Department Director.

Applicant's Name _____
Last First Middle Initial

Application Deadline: April 1 October 1

I waive my right to access this form. Signature _____

Department Director: Please complete below and return to Foundation Office by the date indicated above. Your feedback is important. Thank you for your time.

- Yes No Models SJLM Mission
- Yes No Meets attendance requirements.
- Yes No Delivers high quality care.
- Yes No Is competent in current position.
- Yes No Displays good attitude and work ethic.

Comments:

This employee has completed one or more years of satisfactory employment at St. John's Lutheran Ministries.

- I recommend that the employee be considered for a St. John's Foundation Scholarship.
- I do not recommend that the employee be considered for a scholarship at this time.

_____ work extension Signature

Department Director Name



Scholarship Recommendation Form

Dependants of St. John's employees must use this form for their recommendation.

Applicant: Please complete top portion and then give the form to your teacher or employer.

Applicant's Name _____
Last First Middle Initial

Application Deadline: April 1

I waive my right to access this form. Signature _____

Teacher/Employer: Please complete below and return to St. John's Foundation by the deadline indicated above. Thank you for your time.

Yes No Meets current job or class expectations.

Yes No Seeks opportunities for personal growth.

Yes No Influences others in positive ways.

Yes No Shows dependability and consciousness.

Yes No Displays strong character and work ethic.

Comments:

I recommend that the applicant be considered for a St. John's Foundation Scholarship.

I do not recommend that the applicant be considered for a scholarship at this time.

Teacher or Employer Name Phone Number Signature

Business or School Name and Address



3940 Rimrock Rd Billings, MT 59102
(406)655-5729 (406)655-5656 Fax www.sjlm.org

