

## **PHYLLIS DOLAN VINK MEMORIAL SCHOLARSHIP**

WHO MAY APPLY: Any Scobey Lutheran Church member who is or will be going into the field of education.

### THE ORDER OF SCHOLARSHIP PREFERENCES:

1. Elementary Education Major in a Lutheran Church School
2. Elementary Education Major in a State School
3. Elementary Education Major in an college
4. Secondary Education Major in a Lutheran Church School
5. Secondary Education Major in a State school
6. Secondary Education Major in any college

### IF YOU ARE A GRADUATING SENIOR

Part A-to be completed by the student

Part B- to be completed by the HS Guidance Counselor

### IF YOU ARE A COLLEGE STUDENT

Part A-to be completed by the student

Part B-to be completed by one of your College Instructors

APPLICATIONS ARE DUE INTO THE SCOBLEY LUTHERAN CHURCH OFFICE  
BY **APRIL 15TH**

**SCOBLEY LUTHERAN CHURCH**

**PO BOX 927**

**SCOBLEY, MT 59263**

**1-406-487-2652**

**Email: [scoluth@nemont.net](mailto:scoluth@nemont.net)**

# PHYLLIS DOLAN VINK MEMORIAL SCHOLARSHIP

Revised 2/24

## PART A: STUDENT

NAME \_\_\_\_\_  
Last First Middle Phone #

ADDRESS \_\_\_\_\_  
Box/Street City State Zip Code

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_

If married, please give names and ages of dependents: \_\_\_\_\_

\_\_\_\_\_

1: This application is for the academic year beginning \_\_\_\_\_

2: Name of college or university to attend or attending \_\_\_\_\_

3: Program of study: Major \_\_\_\_\_ Minor \_\_\_\_\_

4: Have you previously attending college? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when \_\_\_\_\_ Major \_\_\_\_\_

5: High School attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

6: Please list your principal school and community extracurricular activities: Attach sheet if needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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7: Please list any honors received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8: Names of Parents \_\_\_\_\_ Age of older parent \_\_\_\_\_

Address \_\_\_\_\_ Occupations \_\_\_\_\_

9: Please list names and ages of brothers and sisters \_\_\_\_\_

Please list any attending college \_\_\_\_\_

10: Will it be necessary for you to seek part-time employment during the academic year in order to remain in school? Yes \_\_\_\_\_ No \_\_\_\_\_

11. PLEASE ATTACHED A SEPARATE SHEET CONTAINING AN AUTOBIOGRAPHICAL STATEMENT AND YOUR FUTURE PLANS.

12. PLEASE ATTACH A HIGH SCHOOL TRANSCRIPT IF YOU ARE A SENIOR OR COLLEGE TRANSCRIPT IF YOU ARE A COLLEGE STUDENT.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**PHYLLIS DOLAN VINK MEMORIAL SCHOLARSHIP**  
PART B: HS GUIDANCE COUNSELOR OR COLLEGE INSTRUCTOR

**NOTE: Please do not return to applicant. Return to Scobey Lutheran Church, PO Box 927, Scobey, MT 59263. Email: [scoluth@nemont.net](mailto:scoluth@nemont.net). Phone: 1-406-487-2652**

NAME OF APPLICANT \_\_\_\_\_

Your opinion concerning the applicant would be appreciated and your report will be confidential.

Please rate the applicant in the following categories:

	Exceptional	Above Average	Average	Below Average	No Knowledge
Emotional Maturity					
Achievement Potential					
Achievement Performance					
Congeniality					
Intellectual Curiosity					
Motivation fo an Education					

What in your opinion is the applicant's

(a) strongest asset? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) weakest characteristic? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In your opinion, would the applicant have a difficult time attending college if he or she does not have financial assistance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_