2023 Education - Application for a Financial Grant for Education Purposes -DEADLINE Applications Considered Up Until July 31, 2023 - Apply Early

	<> K-12 Christian Ed <> College or Trade School			chool at	nool at any age								°ch							
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St. J	ohn I	ELCA	Lega	cy Fo	undat	tion o	of Sag	ginaw	1											
252	5 He	mme	ter R	d.										(989)) 799 [.]	-5470) mes	sage	es	
Sag	inaw,	MI 4	1860	3																

Upon closing St. John ELCA in downtown Saginaw as a worship center 11-01-2020, the process began to complete the transformation of the trust into a foundation. Purpose approved 02-15-2021 by the Trust Board: The Corporation is organized exclusively to carry out the specific intentions of donors, many of who were members of the St. John Evangelical Lutheran Church of Saginaw. The Corporation will strive to continue the programs that were established by the St. John Evangelical Lutheran Church of Saginaw and to continue, develop, and offer support to programs and organizations that further the Gospel of Christ in the Saginaw Area. (City of Saginaw, Saginaw Township, Thomas Township, Freeland, Kochville Township, Swan Creek Township, James Township, Spaulding Township, Bridgeport Township, Albee Township, Tittabawassee Township, Carrollton Township, and Zilwaukee and Zilwaukee Township)

The Corporation is organized exclusively to receive and administer funds for religious, charitable, educational, literary, and scientific purposes as described in Section 501(c)(3) of the Internal Revenue Code (the "Code"), by promoting Christian education, community health and welfare, social welfare, feeding and supporting the needy, supporting and assisting troubled youth, and aiding the poor in the Saginaw Area, by making grants to organizations that qualify as exempt organizations under Section 501(c)(3) of the Code and conducting all activities incidental or necessary to accomplish the foregoing purposes or otherwise permitted by Section 501(c)(3) of the Code.

Other Qualifications:

Applicants age 16+ must be a confirmed member/employee of one of the ELCA churches in the Saginaw MI area. Scholarships may be applied for a maximum of 4 years annually, with a copy of grade transcripts (minimum of 2.3 GPA maintained). New applicants providing HS transcripts.

Application forms are available seasonally through the St John ELCA Legacy Foundation of Saginaw office located at Our Saviour ELCA. or printable from our website: https://stjohnlutheranelcasaginaw.weebly.com/trust--foundation.html

Awards will be made payable FBO the full/part time student and mailed by us to the accredited institution holding the debt in the US. (K-12, Jr College or University, or financial institution for their student loan)

Grants may be awarded for student debt accumulated before a current working relationship with one of the ELCA churches in the Saginaw MI area. (ie pastor, church staff, etc)

LAST NAME:	FIRST NAME:	MIDDLE:				
DOB://	APPLICANT PHONE: ()	GPA:				
NAME OF SCHOOL OR (Attach documentation)	INSTITUTION OF SCHOOL LOAN:					
ADDRESS OF SCHOOL OR INSTITUTION OF SCHOOL LOAN:						
STUDENT ID# / ACCOU	NT #					
HIGH SCHOOL GRADU	ATED FROM:	YEAR:				

WRITE A BRIEF STORY OF YOUR LIFE AND FUTURE GOALS, PARTICULAR SKILLS AND ACHIEVEMENTS, FINANCIAL NEED (add sheets as necessary)

<> If this grant is intended to pay for an ELCA staff member's continuing education experience, give dates, location, fees, name of provider and a brief description of the program. Flyer copies are helpful.

<> If this request is for the purpose of paying toward outstanding church staff student loan debt, please provide that information and documentation.

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Having read the printed qualifications, I/we hereby apply for a grant in the amount to be determined by the St John ELCA Legacy Foundation of Saginaw.

STUDENT SIGNATURE: X______

RECOMMENDATIONS FROM INSTRUCTORS:	(copy more pages if needed)
(please include character, ability, potential)	

I verify a current, ongoing working relationship with this applying student.

YOUR INSTRUCTOR: NAME	
FACILITY:	
PHONE: ()	
Signature: X	

RECOMMENDATIONS FROM INSTRUCTORS: (copy more pages if needed) (please include character, ability, potential)

I verify a current, ongoing working relationship with this applying student.

YOUR INSTRUCTOR: NAME _____

FACILITY:	 	

PHONE: () _____

Signature: X_____

Having read the printed qualifications, I/we hereby apply for a grant in the amount to be determined by the St John ELCA Legacy Foundation of Saginaw.

PARENT _	_GUARDIAN:	PHONE: ()
ADDRESS: _			
-	the printed qualifications, I/we he y Foundation of Saginaw.	ereby apply for a grant in the amount to be deter	mined by the St John
PARENT _	_GUARDIAN:	PHONE: ()
ADDRESS: _			
Signature: X_			
I verify a curr	ent, ongoing working relationshi	p with this applying student and our church.	
YOUR ELCA	PASTOR in Saginaw Area: NAI	ME	
PHONE: ()		
		r a staff member, we ask that the church council	
I verify a curr	ent, ongoing working relationshi	p with this applying pastor or church staff memb	er.
YOUR ELCA	CHURCH COUNCIL LEADER in	n Saginaw Area: NAME	
PHONE: ()		
Signature: X_			
FOR OFFICE		Approved Yes No - if no, what reason	
Amt approve	d \$	Other info:	
2023 St John	ELCA Legacy Foundation of Sa	aginaw Executive Board Members	
President: X_		Vice President: X	
Carl Quacker	nbush, Our Saviour ELCA	Brent Bismack, Zion Freeland ELC	A
Treasurer: X_ Tim Grueber,	Ascension ELCA	Secretary: X Pam Aven, Our Saviour ELCA	