

**Hinman Scholarship Application  
St. John's Lutheran Church**

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**College/ University Attending** \_\_\_\_\_

**For Academic Year** \_\_\_\_\_

**Freshman** \_\_\_\_\_ **Soph** \_\_\_\_\_ **Jr** \_\_\_\_\_ **Sr** \_\_\_\_\_ **Post -Grad** \_\_\_\_\_

**Major** \_\_\_\_\_

**Anticipated Year of Graduation** \_\_\_\_\_

**Amount requested (up to \$1,000)** \_\_\_\_\_

**Please attach a brief account of why you are applying for this scholarship. In what ways have you participated in the life and ministry of St. John's? How have you served beyond the congregation? What have you learned at St. John's that will help you in your college experience? In the future, we ask that you make a contribution to the Hinman Scholarship Fund to make this benefit available to other members of St. John's.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return this completed application to the church office or mail to:  
St. John's Lutheran Church  
Attn: Hinman Scholarship  
587 Springfield Ave  
Summit, NJ 07901**