

**MELVIN AND ANNABEL BIRKELBACH SCHOLARSHIP FUND  
SCHOLARSHIP APPLICATION 2019-2020**

ST. PETER LUTHERAN CHURCH  
2929 F.M. 972  
Georgetown, Texas 78626  
(512) 863-5600  
Sharon at [stpeter.walburg@gmail.com](mailto:stpeter.walburg@gmail.com)

APPLICANT'S NAME: \_\_\_\_\_  
FIRST M.I. LAST

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS WHILE AT COLLEGE: \_\_\_\_\_  
\_\_\_\_\_

STUDENT I.D. NUMBER <or> SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ ALTERNATE: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I HEREBY REQUEST THE AWARD BE ISSUED ON MY BEHALF TO:

NAME OF INSTITUTION: \_\_\_\_\_

REGISTRAR'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please indicate which school term these funds will be applied to:

\_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester  
\_\_\_\_\_ Other (explain): \_\_\_\_\_  
\_\_\_\_\_ Summer Semester If so, \_\_\_\_\_ 1<sup>st</sup> Session or \_\_\_\_\_ 2<sup>nd</sup> Session

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE