



LEONARD E WEDEL MEMORIAL SCHOLARSHIP
Information Sheet

- Up to \$2,000 can be awarded to recipient(s)

- Applicants must be a LifeWay Credit Union member *and* enrolling as full-time student at any accredited college, university, or seminary.

- Application Packets must be submitted no later than June 07, 2019. Incomplete packets will not be reviewed. Packets include:
 - Fully Completed Application
 - Essay:
 - 1) Attach a meme and make it relevant to how you feel about going to college.
 - 2) What have been a couple of your dream jobs?
 - 3) Does pineapple belong on pizza? Please persuade us on your stance.
 - 4) You find a wad of cash on the ground. You didn't see who dropped it and there is no proof of who it belongs to. What do you do with it?
 - 5) What Bible verse has had the most impact on your life and why?

- Selection of the recipients will be made by Friday, June 28th. Criteria for selection includes:
 - Financial Need
 - Academic Record
 - Service to Community, School and Church
 - Essay Questions

Recipient(s) will receive written notification of amount awarded and terms of acceptance.

- Disbursements will be sent to the financial aid office of the college, university or seminary to be attended by the recipient. Scholarship Checks will be presented upon verification of registration as a full-time student (*minimum 12-term/semester hours*).



LEONARD E. WEDEL MEMORIAL SCHOLARSHIP APPLICATION

RETURN TO > Leonard E. Wedel Memorial Scholarships
 LifeWay Credit Union
 One LifeWay Plaza
 Nashville, Tennessee 37234-0193

Application Deadline: 06/07/2019

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number	Date of Birth (Month/Day/Year)
Permanent Residence: Street Address				
City			State	Zip Code
Phone ()				
Marital Status		Spouse's Name		Children's Name and Ages
Are you a member of the LifeWay Credit Union?				

FAMILY INFORMATION

Father's Name	Address	Father Employer
Mother's Name	Address	Mother's Employer

List names, ages and educational status of brothers, sisters or dependents:

Name	Age	Educational Status

Please list the names and ages of other persons living permanently in your house:

EDUCATIONAL INFORMATION

Current Status	Grade	School			Years Attended	
	Grade Point Average	Street or P. O. Box		City	State	Zip Code
Test Results	SAT Verbal	SAT Math	ACT Composite	High School Seniors: If SAT or ACT scores are unavailable, please provide PSAT scores.		
Other Schools Attended	High School				Years Attended	
	Address				Grade Point Average	
	College/Vocational School				Years Attended	
	Address				Grade Point Average	
	Graduate School/Seminary				Years Attended	
	Address				Grade Point Average	
Plans for Coming September	What will be your class standing as of this coming September?					
	<input type="checkbox"/> FRESHMAN IN COLLEGE/VOCATIONAL SCHOOL			<input type="checkbox"/> SENIOR COLLEGE/VOCATIONAL SCHOOL		
	<input type="checkbox"/> SOPHOMORE IN COLLEGE/VOCATIONAL SCHOOL			<input type="checkbox"/> MASTER'S PROGRAM		
	<input type="checkbox"/> JUNIOR IN COLLEGE/VOCATIONAL SCHOOL			<input type="checkbox"/> DOCTOR'S PROGRAM		

EDUCATIONAL INFORMATION (cont.)

Schools to which you have applied:

Schools at which you have been accepted:

What are you anticipated or actual fields of study?

MAJOR _____

MINOR _____

FINANCIAL INFORMATION

List any scholarship, friendships, or tuition and fee waivers which you will receive during the coming academic year:

Scholarship	Amount
	\$
	\$
	\$

ACTIVITIES

List your most significant high school activities:

List your most significant college activities (if applicable):

List significant church activities, community activities and work experience:

ADDITIONAL INFORMATION

Please share any additional personal information or special circumstances that you believe will help the committee as they review your application.

CERTIFICATION

I certify that all information which I have provided on this form is true and complete to the best of my knowledge. If requested, I agree to give proof of the information on this application. I understand that the LifeWay Credit Union Board of Directors may review information provided on this form, my transcripts, and my need for financial assistance. If selected for a scholarship, I give permission for a publicity release.

Signature of Applicant	Date
Address	Telephone

PLEASE ATTACH ESSAY ANSWERS