

2024 Education - Application for a Financial Grant for Education Purposes

DEADLINE: Applications Received by 1st day of February, May, August, November for Consideration Quarterly as funds remain available. APPLY EARLY

Categories: K-12 Parochial School* College or Trade School at any age** Continuing ED related to the applicants work with the church
*\$500 **Min. 8 to be awarded \$2,000

FILL OUT APPLICABLE ITEMS FOR YOUR CATEGORY

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St. John ELCA Legacy Foundation of Saginaw

2525 Hemmeter Rd.

(989) 799-5470 messages

Saginaw, MI 48603

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: _____

STUDENT MAILING ADDRESS: _____

DOB: ____/____/____ APPLICANT PHONE: () _____ GPA: _____

NAME OF SCHOOL OR INSTITUTION OF SCHOOL LOAN: _____
(Attach documentation)

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HAVING READ THE PRINTED QUALIFICATIONS, I/WE HEREBY APPLY FOR A GRANT IN THE AMOUNT TO BE DETERMINED BY ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW.

STUDENT SIGNATURE: X _____

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(IF APPLICANT IS UNDER AGE 18, PARENT / GUARDIAN SIGNATURE(S) ARE REQUIRED)

HAVING READ THE PRINTED QUALIFICATIONS, I/WE HEREBY APPLY FOR A GRANT IN THE AMOUNT TO BE DETERMINED BY ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW.

__ PARENT __ GUARDIAN: _____ PHONE: () _____

ADDRESS: _____

SIGNATURE: X _____

HAVING READ THE PRINTED QUALIFICATIONS, I/WE HEREBY APPLY FOR A GRANT IN THE AMOUNT TO BE DETERMINED BY ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW.

__ PARENT __ GUARDIAN: _____ PHONE: () _____

ADDRESS: _____

SIGNATURE: X _____

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CHURCH NAME AND LOCATION: _____

I VERIFY A CURRENT, ONGOING WORKING RELATIONSHIP WITH THIS APPLYING STUDENT AND OUR CHURCH.

YOUR ELCA PASTOR IN SAGINAW AREA: NAME _____

PHONE: () _____

SIGNATURE: X _____

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(If this application is on behalf of the pastor or a staff member, we ask that the church council leader be a signer)
I VERIFY A CURRENT, ONGOING WORKING RELATIONSHIP WITH THIS APPLICANT AND OUR CHURCH.

YOUR ELCA CHURCH COUNCIL LEADER in Saginaw Area: NAME _____

PHONE: () _____

SIGNATURE: X _____

FOR OFFICE USE ONLY

STUDENT / APPLICANT NAME: _____

DATE REVIEWED AT SCHOLARSHIP COMMITTEE MEETING: _____

RECOMMENDED BY COMMITTEE YES NO - IF NO, WHAT REASON _____

EMAIL WAS SENT TO STUDENT REQUESTING ADDITIONAL INFORMATION

WITH CC: SECRETARY OF FOUNDATION AND THE FOUNDATION BOARD REP FROM APPLICANTS CHURCH

DATE ACTION TAKEN: _____

BY: _____

.....

REPLY RECEIVED BY? _____

DESCRIBE FURTHER ACTION TAKEN? _____

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DATE REVIEWED AT FULL FOUNDATION BOARD MEETING: _____

APPROVED YES NO - IF NO, WHAT REASON _____

AMT APPROVED \$ _____

OTHER INFO: _____

2024 ST JOHN ELCA LEGACY FOUNDATION OF SAGINAW EXECUTIVE BOARD MEMBERS

BRENT BISMACK, ZION FREELAND ELCA PRESIDENT _____

JIM BIGGINS, OUR SAVIOUR ELCA VICE PRESIDENT _____

PAM AVEN, ST JOHN / OUR SAVIOUR ELCA SECRETARY / TREASURER _____