

## EPIC Scholarship Application for Bethesda Students Attending a College or University of the ELCA

I am attending a college or university of the ELCA and wish to apply for an EPIC matching grant scholarship. It is my responsibility to determine if my college/university participates in the EPIC program and will be providing me with matching funds. I understand Bethesda Lutheran Church will forward the EPIC scholarship award amount directly to my school at the address I have provided below, with a copy of this application form. Any other information required by my college is my responsibility to provide and/or coordinate with this gift from Bethesda.

Further, I also understand that I must **apply each year** to receive this scholarship even if I am to remain at the same college/university and that the amount of the EPIC scholarship may change from year to year depending upon funds available.

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
e-mail address                      phone number

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
ELCA College / University

\_\_\_\_\_  
Mailing Address for Financial Aid Office

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Outreach Facilitator Signature Date