

My Friend's Closet Thrift Shop

SCHOLARSHIP APPLICATION 2026

Please print your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
6.	Are you the first person in your family to go to college: YES ____ NO ____
7.	Name and location of High School attending: _____
8.	A. If you have decided on what college/trade school you will attend, please list school name: B. If not, list your top 3 college/trade school choices: _____
9.	What will you be majoring in at college/trade school? _____
10.	Have you been encouraged, supported or inspired by someone in your life? Who was it and how did they impact your career choice? Please type your answer on a separate sheet along with the answers to #11 and #12.
11.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored community service, church service, and volunteer activities: _____

12. Submit a typed essay (250 - 500 words) answering the questions below:

Describe how church involvement, volunteering, and community service (in that order) has shaped who you are today and what that has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the My Friend's Closet Thrift Shop scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to My Friend's Closet Thrift Shop Scholarship policy, it is my responsibility to remit to the board the appropriate information for my scholarship to be used for my educational institution for my second semester starting in December 2026/January 2027.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to My Friend's Closet Thrift Shop Scholarship committee.

Name of Guidance Counselor submitting the application: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ Date: _____

Checklist

- ☐ Application
- ☐ Essay
- ☐ Resume/Activity Sheet
- ☐ Guidance Counselor signature
- ☐ School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:

My Friend's Closet Thrift Shop Scholarship Committee
c/o St. John's Lutheran Church LCMS
625 County Lane Drive
P.O. Box 216
Lena, IL 61048

OR

E-mail: office@stjohnslena.org

FAX: 815-369-2535

****If you email your application, please include your cell phone number in the body of the email in case there is a problem opening your attachment.****

REMINDER:

The deadline for this application to be received by the committee is:
MARCH 27, 2026, 4:00 p.m. NO EXCEPTIONS!