



Synod of Lakes and Prairies Racial Ethnic Student Scholarship

Name: _____

Address: _____

Phone: _____

Gender: _____

Tribal Affiliation: _____

Do you plan to earn a bachelors degree? _____ If yes, where? _____

Declared Major: _____ Cumulative GPA: _____

Number of credits enrolled in: _____ Year in college: _____

Student Statement *You must attach a student statement that includes the following
Information:
**Education/career goals and school/community involvement and
leadership roles.**

Signature: _____ Date: _____