

# Ruth A. Betts Scholarship Application Form

The Ruth Amelia Betts Scholarship Program was established in memory of Ruth A. Betts, a long time member of Salem Lutheran Church and a professional teacher and educator.

## Scholarship Eligibility:

An applicant must be:

- A high school senior planning to register next school year as a full time student in a course of study at an accredited university, two or four year college, area vocational technical college, or a private vocational technical school.
- Member and/or active participate of Salem Lutheran Church, St. Cloud, MN.

## Required Application Materials (use this as your checklist):

- This application form completed
- Official copy of high school transcript that includes GPA.
- Two letters of recommendation.

All these materials must be received by **March 31**. Send or have the materials sent to:

Salem Foundation, Inc., Salem Lutheran Church, 90 Riverside Drive SE, St. Cloud, MN 56304

Or to: [salem.us@juno.com](mailto:salem.us@juno.com)

After the **March 31** deadline, an applicant will be contacted if his/her file is incomplete and given an opportunity to submit missing materials. Files that remain incomplete may not be reviewed.

## Selection Criteria:

Depending on the availability of funds and the strength of applicants, scholarships will be awarded in amounts up to \$1,000. Applicants will be evaluated by the Salem Foundation Board on the following criteria and weighted as indicated. Financial need is not part of the selection criteria.

1. Involvement in Salem Lutheran Church (25%)
2. Academic Achievement (20%)
3. Personal and Leadership Qualities (20%)
4. Extracurricular School Activities (20%)
5. Community Service and Employment (15%)

Award ceremony and reception is scheduled for Sunday, \_\_\_\_\_.

## Complete the following.

_____	_____	_____	_____	_____
First Name	MI	Last Name		
_____	_____	_____	_____	_____
Permanent Address		City	State	Zip
_____	_____	_____	_____	_____
Email address		Phone Number (cell or land line)		
_____	_____	_____	_____	_____
High School	Graduation Date	Intended Post-Secondary Institution	Planned Enrollment Date	

I certify that, to the best of my knowledge, the information I provided in this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do Not Write Below This Line

Scholarship granted in the amount of \$ \_\_\_\_\_

Chairperson, Salem Foundation \_\_\_\_\_

Date \_\_\_\_\_

**READ CAREFULLY:** Adobe Reader does not allow you to save what you have entered. Everything you type will be lost after exiting Adobe Reader. Once you have you have completed this application (pages 1-4); print it, sign it (page 1) and mail or deliver it to Salem Lutheran Church.

Remember to complete and provide your two references with the attached waiver forms.

### Student Narrative

Explain why you feel you should be considered for this scholarship based on the five selection criteria, starting with a description of your involvement in Salem Lutheran Church and how God has worked through you and how you anticipate staying connected with Christ in the next phase of your life. Finish with your personal aspirations and educational goals. Type your narrative in the following text box.





## Waiver Form

Ruth A. Betts Scholarship – Salem Lutheran Church Foundation

### Instructions to Applicant

1. Type the name of the reference who will be writing a letter of recommendation.
2. Type your name.
3. Check one box indicating whether you waive your right to access the letter of recommendation.
4. Sign and date.
5. Deliver this completed form to the reference.

Reference \_\_\_\_\_ Applicant \_\_\_\_\_  
                    First                      Last                      First                      Last

Federal law gives individuals the right to inspect their records, including letters and statements of recommendation. The law also stipulates that individuals may waive their right to inspect confidential recommendations that are used solely for their intended purpose.

Check one:

- I waive my right to access the letter of recommendation written by this reference.
- I do not waive my right to access the letter of recommendation written by this reference.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Instructions to Reference

Letter Content:

Thank you for agreeing to write this letter of recommendation for the applicant listed above who is a member of Salem Lutheran Church and is applying for a scholarship that is awarded by the Salem Foundation toward his/her first year of post-secondary education. The applicant will be evaluated on the following criteria. Please **restrict** your comments in the letter to one or more of these criteria in which you are knowledgeable. We discourage the use of a generic letter of recommendation since it will not specially address these criteria.

1. Involvement in Salem Lutheran Church (25%)
2. Academic Achievement (20%)
3. Personal and Leadership Qualities (20%)
4. Extracurricular School Activities (20%)
5. Community Service and Employment (15%)

Deadline:

This waiver form and your letter must be received by **March 31**.

Please mail this waiver form and your letter directly to:

Salem Foundation, Inc., Salem Lutheran Church, 90 Riverside Drive SE, St. Cloud, MN 56304

Or email them to:

[salem.us@juno.com](mailto:salem.us@juno.com)

Thank you for taking the time to help this student and our selection committee.

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