

LUTHERAN CHURCH OF THE RESURRECTION
ANN & BILL BIDERMAN SCHOLARSHIP
For 2025-2026 Academic Year
~ please print ~

APPLICANT DATA

Name: _____
Last First Middle Initial

Permanent Address: _____
Street City State Zip

Date of Birth (mm/dd/yy): _____ Student Telephone Number: _____

Student Email Address: _____

Name of Parent/Guardian: _____

Parent/Guardian Telephone Number: _____

Parent/Guardian Email Address: _____

SCHOOL DATA

High School Attended: _____

Address: _____
Street City State Zip Telephone Number

Name of High School Principal: _____

Name(s) and Address of Post-Secondary Schools for which applicant's scholarship is requested:

Enrolled: _____ half time or more _____ full time

Major Field of Study applicant plans to pursue: _____

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

PERSONAL INFORMATION

Service

The Living Legacy Committee has established that a scholarship recipient should demonstrate recent (in the previous 12 months) involvement in ministry and/or discipleship as a member of LCR. Students will demonstrate commitment in living out their faith by participating in LCR outreach programs. *If you have a question whether an activity qualifies, or you need guidance, contact us at the church office.*

Activity	Date/s	Hours	Leader/Sponsor

Reflection

Write your confirmation bible verse here.

How has this passage guided you on your spiritual path?

Make a brief statement of what you would like to do with your life. Include short and long term goals, anticipated major in college, major interests in life (in and outside of school)

WORSHIP PARTICIPATION

I certify that I have attended a minimum of 12 worship activities (in person or virtual) at LCR in the past 12 months.

Signature: _____

TRANSCRIPT INFORMATION

Student Name: _____

Applicant must include a high school transcript of grades

Cumulative grade point average: _____ / 4.0 scale

PSAT: Verbal _____ Math _____

SAT: Verbal _____ Math _____

ACT Standard: English _____ Math _____

Transcript Included with Application _____ Transcript will be provided when available _____

REFERENCES

Please list three references (*no family members please*) and have them provide a letter of recommendation to the committee. At least one should be a member of Lutheran Church of the Resurrection

1. _____

2. _____

3. _____

Have references mailed to: Lutheran Church of the Resurrection Scholarship
c/o Living Legacy Committee
3500 - 29th Ave.
Marion, Iowa 52302

OR email to trustfund@lcrmarion.org – Include candidate name in subject line of email