

Scholarship Deadline: May 15th each year.
Awarded: June of each year.

First Congregational Church / United Church of Christ
310 Bluff Ave Sheboygan, WI 53081
(920) 457-4818 www.fccsheboygan.org

Scholarship Application
for the Ray E. Hoffmann Memorial Scholarship

Ray Hoffmann was a man with a keen wit and a compassionate, healing soul. He served the wider Sheboygan community as a psychotherapist and founder of a foster care agency that provided treatment for seriously disturbed children. A memorial scholarship has been established in his name to continue his work and ministry.

The Memorial Gifts Committee of First Congregational Church invites you to apply for the Ray E. Hoffmann Memorial Scholarship (grants ranging from \$500 - \$2,000) to further your education. The grants will be given to selected students who are pursuing an advanced degree in social work, counseling or psychotherapy. The student needs have a connection to the wider Sheboygan community (reside in Sheboygan County or attend an educational institution in Sheboygan Co. or be a member of First Congregational Church UCC, Sheboygan). Please fill out this form completely and return it to the church by the scholarship deadline. This scholarship is awarded once a year. Recipients & applicants may reapply each year.

APPLICANT'S NAME _____

ADDRESS _____

TELEPHONE/EMAIL _____

The following are the approximate costs per year (including books, tuition, lodging before deducting scholarships, loans, grants received) _____

_____, _____
Name of school Address of School

I am entering the _____ semester of my _____ year in a
_____ degree program. I have _____ more years to
complete my program.
Birthdate _____

1. Are there any special family circumstances that affect your going to school?

2. Please list any additional scholarships and/or grants you will be receiving.

3. List significant activities in school and offices held.

4. List significant job or volunteer work experiences.

5. My last academic experience was _____

My grade point average was _____ (Attach a copy of grade report/transcript)

6. Please attach a one-page answer to this question, "How would the Ray E. Hoffmann Scholarship help you to attain your educational/career goals?"

7. Please have one or two letter(s) of recommendation from a non-family member (teacher, employer, pastor, etc.) sent to First Congregational Church - attention: Ray E. Hoffmann Scholarship

Name, Address and Phone # of Person(s) Providing Recommendation:

1. _____

2. _____

AGREEMENT

In making this request I understand that the purpose of the Ray E. Hoffmann Memorial Scholarship is to provide financial assistance to a worthy person who wishes to further his/her education. I agree to use this grant to the best of my ability in the manner for which it was intended. I understand that a personal interview may be requested. I understand that the grant money may be given directly to the academic institution where I am enrolled.

Signed _____

Date _____