



IN THE CITY FOR GOOD

Modeen Scholar Acknowledgement 2026-2027

I am a previous recipient. I am a new applicant.

Student Email and Phone (required): _____

Please acknowledge, by signing below, that you accept this scholarship with the commitment to fulfill the service expectation and with the understanding that release of scholarship checks is contingent on the following:

1. Receipt of this form acknowledging your understanding of the service requirements,
2. Receipt of an *official* transcript from previous school year (as required in the application) and a Fall semester transcript (for the second scholarship check), and
3. a conversation with the Emanuel Lutheran Church Pastor and/or designee.

I, (*print your name here*) _____, understand that as a Modeen Scholar, I will give at least ten hours of service to Emanuel Lutheran Church or another Christian community of faith. I will speak with the Emanuel Lutheran Church Pastor and/or designee when contacted by him/her about my service hours for the 2026-2027 academic year. I plan to complete my service time as follows:

By the end of the academic year, I will also provide written confirmation on the completed Modeen Service Hour Confirmation form signed by the Church pastor or designee and/or faith leader of the congregation where I am involved. **I understand that eligibility for scholarship next year is contingent upon receipt of this completed Modeen Service Hour Confirmation form.**

I also confirm that I am enrolled as a full-time student* at (*print name of institution here*) _____ and acknowledge that if I withdraw and/or am no longer a full-time student, the scholarship funds for that semester must be returned to Emanuel Lutheran Church.

*A full-time student is one enrolled in a given academic year for the number of hours, courses, or credits considered full-time status by the institution.

_____	_____
<i>Student Signature</i>	<i>Date</i>
_____	_____
<i>Signature of Supervisor for service hours</i>	<i>Date</i>
_____	_____
<i>Signature of ELC Pastor and/or designee</i>	<i>Date</i>

Please sign above and then return this form to the Church Office at Emanuel Lutheran Church, 311 Capitol Avenue, Hartford CT 06106 or via email to kate.bozzo@emanuelhartford.org.

Word: Modeen Scholar Acknowledgement

Check(s) # _____
 released to student on _____
 Sr. Pastor _____ Ops Mgr _____