

**SCHOLARSHIP APPLICATION
ROCKY MOUNTAIN DISTRICT
LUTHERAN WOMEN'S MISSIONARY LEAGUE**

(Please type or print clearly)

DATE OF APPLICATION: _____

NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

STUDENT ADDRESS AT UNIVERSITY: _____

TELEPHONE NUMBER: _____ MARITAL STATUS: _____

HOME CHURCH AND ADDRESS: _____

LIST ACTIVITIES PARTICIPATED IN DURING LAST YEAR OF SCHOOL: _____

APPLICANT INTENDS TO BECOME:

PASTOR TEACHER DEACONESS DCE PARISH WORKER
 SOCIAL WORKER IN THE LCMS

SCHOOL CURRENTLY ATTENDING: _____

SYNODICAL UNIVERSITY/SEMINARY APPLICANT WILL ATTEND _____

YEAR OF COLLEGE CURRENTLY ENTERING: 1ST 2ND 3RD 4TH 5TH OTHER

PERSONAL REMARKS: Submit a typed essay of not more than one page on a separate sheet of paper. This essay should include (1) future goals (2) motivation for selecting your ministry (3) need for scholarship (4) expression of your personal faith. Be sure to include your name on the sheet.

PASTOR'S EVALUATION: Have the pastor of your home congregation submit to the scholarship chairman, the pastor's evaluation form. (If your father is your pastor, have a member or officer of the congregation member complete the form. If the pastor is new and does not know you personally, please have the previous pastor of your congregation fill in the form, if he is available.)

PERSONAL REFERENCE: Have an employer or adult family friend submit the personal reference form to the committee chairman. (This is not to be filled out by a relative.)

COMPLETE ONLY, IF MARRIED:

NAME OF SPOUSE: _____

SPOUSE'S OCCUPATION: _____

IF CHILDREN, LIST AGES: _____

COMPLETE ONLY, IF SINGLE:

NAME OF PARENTS: _____

PARENT'S ADDRESS: _____

FATHER'S OCCUPATION: _____

MOTHER'S OCCUPATION: _____

AGES OF SIBLING(S) LIVING AT HOME: _____

NUMBER OF SIBLINGS ATTENDING COLLEGE: _____

FAMILY ANNUAL INCOME: under \$10,000 ___ \$30,000-\$40,000 ___
 \$10,000-\$20,000 ___ \$40,000-\$50,000 ___
 \$20,000-\$30,000 ___ over \$50,000 ___

ANTICIPATED FAMILY CONTRIBUTION: _____

APPLICANT'S PRESENT EMPLOYMENT: _____

APPLICANT'S ANNUAL INCOME: _____

LIST ANY ANTICIPATED FINANCIAL AID SUCH AS SCHOLARSHIPS, GRANTS, WORKSTUDY, LOANS, ETC. AND AMOUNT (if known): _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THIS APPLICATION:

1. Completed Application
2. Transcripts of high school or college, as appropriate.
3. Personal Essay

(CHECK WITH PASTOR/PERSONAL REFERENCE PEOPLE TO CONFIRM THEY HAVE SENT FORMS TO THE COMMITTEE CHAIRMAN)

SEND COMPLETED APPLICATION TO: Sue Frauenfeld
LWML RMD Scholarship Committee Chairman
8320 Ralph Lane
Denver, CO 80221
sjbf321@msn.com

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 1, 2019.

Applicant's Signature

Date