



Cover letter for New Applicants

Dear New Applicant:

Enclosed you will find information and copies of the forms that are pertinent for applying for a scholarship from the LWML Washington-Alaska District Scholarship Fund. Scholarships are available to students who qualify by the following requirements:

1. The applicant must be a communicant member of an affiliated congregation of The Lutheran Church—Missouri Synod (LCMS) within the LWML Washington-Alaska District.
2. The applicant must be enrolled in an LCMS synodical school, and preparing to serve in the LCMS as a called church worker (pastor, teacher, deaconess, social worker, Director of Christian Education, Family Ministry, Parish Ministry, Music Ministry, etc.)
3. Applications for an LWML Washington-Alaska District Scholarship must be made on the forms provided, completed and be in the hands of the Scholarship Committee by the deadline of March 15, 2018. Scholarships will be announced on a yearly basis. In the year of an LWML district convention, they will be announced at the convention (usually in June of even-numbered years).
4. The Scholarship Committee will process all applications and qualified students will have scholarships paid directly to the school the applicant attends.
5. In order to be considered, the applicant must submit the following:
 - a. **A personal letter of 200 words indicating why the applicant desires a scholarship and why he/she is pursuing a church profession.**
 - b. **An official transcript of all current grades (including fall 2017) that accompanies the application.**
 - c. **Two recommendation forms, one from the home congregation's pastor, (unless he is the applicant's parent. If so, then one from another church official will need to be supplied.). The other recommendation is to come from a principal, an advisor, or other non-relative.**
 - d. **The completed scholarship application forms with your financial data information.**

****No application will be considered without these documents. ****

Send a recent photo suitable for publication. (A digital photo would be acceptable. Please email it to iikerd@comcast.net.)

Scholarship applications must be mailed to Judith Ikerd, 5333 Rehklau Road, Olympia, WA 98513 and postmarked by **March 15, 2018**.

Please have the **two recommendation forms** sent directly to Judith Ikerd by those providing the recommendations. We suggest that you provide them each with an addressed stamped envelope.

Please notify me by June 1, 2018 if you no longer qualify for this scholarship.

May the Lord bless you as you seek to serve our Lord.

In Christian love,

Judith Ikerd
LWML Washington-Alaska District Scholarship Chairman



**LUTHERAN WOMEN'S MISSIONARY LEAGUE
WASHINGTON-ALASKA DISTRICT
SCHOLARSHIP APPLICATION (due March 15, 2018)**

APPLICATION FOR STUDENT SCHOLARSHIP Repeat Applicant: YES ____ NO ____

Applicant's Name: _____ Date of Application: _____

Email Address: _____

Applicant's Home Address: _____
Street City/State Zip Code

Date and Place of Birth: _____ Home Telephone: () _____

Home Church: _____ Telephone: () _____

Church Address: _____
Street City/State Zip Code

Pastor's Name: _____ How long a member? _____

College Attending: _____ College telephone: () _____

College Address: _____
Street City/State Zip Code

Current Class Year: _____ Declared Major: _____

Applicant intends to become a () Pastor () Teacher () Deaconess () DCE () Other in the LCMS

If other, please state: _____

(Married students should give information on parents only if the parents are filing a FAFSA for them or are giving them financial assistance.)

Name of Parents or Guardians: _____

Address of Parents: _____
Street City/State Zip Code

Telephone: _____

Occupation of Parents: _____

Number and ages of other dependents of parents: _____

If married, is spouse working or planning to work? _____

Please list the activities you participated in at school in the past year: _____

Please list your church activities: _____

Please have the **two** recommendation forms sent directly to Mrs. Ikerd under separate cover by the following people:
1. Your pastor and 2. Someone who is NOT a relative, but can supply additional information about you.



Lutheran Women's Missionary League Washington-Alaska District Financial Data Form

Have you applied for an LWML Scholarship before: YES ____ NO ____

Clarify financial cost as accurately as possible.

ANTICIPATED COSTS FOR THE FULL ACADEMIC YEAR

List the institution's estimated cost of education for the 2018-2019 school year.

Room and Board (Living Expenses)		
Tuition		
Books and Supplies		
Other Fees		
Transportation		
Other Expenses		Total Expenses \$ _____

ANTICIPATED RESOURCES FOR THE FULL ACADEMIC YEAR

List the applicant's estimated support and income for this year's education.

Family assistance (Parents/Other relative)		
Spouse's earnings (if married)		
Applicant's earnings/savings		
SUBTOTAL of these:		Subtotal \$ _____

Other Scholarships/Grants (Home congregation, etc. Please list.)

Received : _____		
Received : _____		
Received : _____		
Received : _____		
Other: _____		
SUBTOTAL of these:		Subtotal \$ _____

Other applied for (pending) _____		
Other applied for (pending) _____		
Other sources (Loans, please list) _____		
SUBTOTAL of these:		Subtotal \$ _____

TOTAL OF ANTICIPATED RESOURCES - Total of All Subtotal Resources \$ _____

To the best of my belief and knowledge, the above statements are true and correct.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT (or SPOUSE): _____

This form shall be postmarked no later than **March 15, 2018** and sent along with **an official transcript of grades including Fall 2017 semester to:**

Judith Ikerd, Scholarship Committee Chairman
LWML Washington-Alaska District
5333 Rehlau Road SE
Olympia, WA 98513.



**LUTHERAN WOMEN'S MISSIONARY LEAGUE
WASHINGTON-ALASKA DISTRICT
SCHOLARSHIP APPLICATION – RECOMMENDATION**

PLEASE give this your IMMEDIATE attention and return the completed form by **March 15, 2018**, Judith Ikerd, Scholarship Committee Chairman, LWML Washington-Alaska District, 5333 Rehklau Road SE, Olympia, WA 98513.

Applicant's Name: _____

Applicant's Address: _____
Street City/State Zip Code

Applicant's Telephone: () _____

Home Church: _____

Church Telephone: () _____

Church Address _____
Street City/State Zip Code

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1. How long have you known the applicant? _____

Relationship? _____

2. How does the applicant show through their life, conduct, and activities in the church that they love the Lord?

3. What talent(s) do you see the applicant having that will help them in their chosen career?

4. Do you know of any circumstance such as illness, disability, or lack of employment in the family that makes financial help more important?

5. Is there anything else in the family's circumstances that makes financial help especially important to them?

6. Why would you recommend that the applicant receive a **LWML Washington-Alaska District Scholarship**?

Print Name: _____

Signature: _____ Date: _____

Telephone: () _____

Address: _____

Email Address (optional): _____