



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 Northwest District of The Lutheran Church—Missouri Synod (LCMS).
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 a 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, 2017. Scholarships will be announced on a yearly basis. In the year of a 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 directly paid 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 2016) 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 can be considered without these necessary documents. ****

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

Scholarship applications must be postmarked by **March 15, 2017** and mailed to Judith Ikerd, 5333 Rehklau Road SE, Olympia, WA 98513.

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

Please notify me by June 1, 2017 should your situation change, or your direction of education has changed from pursuing a career in the church.

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, 2017)**

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 Phone #: _____

Is Applicant (Check One): () Married () Divorced () Single () Engaged

Home Church: _____ Telephone #: _____

Church Address: _____
Street City/State Zip Code

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

College Attending: _____ College phone #: _____

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. by someone who is NOT a relative, but who can supply additional information about you.*



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

Has applied for LWML Scholarship before: yes _____ no _____
Note: Clarify financial cost as accurately as possible.

ANTICIPATED COSTS FOR THE FULL ACADEMIC YEAR

List the institution's estimated cost of education for the 2017-2018 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, 2017** and sent along with **an official transcript of grades including Fall 2016 semester to:**

Judith Ikerd, Scholarship Committee Chairman
LWML Washington-Alaska District
5333 Rehklau 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, 2017**, Judith Ikerd, Scholarship Committee Chairman, LWML Washington-Alaska District, 5333 Rehklau Road SE, Olympia, WA 98513.

Applicant's Name: _____ Applicant's Phone: _____
Applicant's Address: _____

Street _____ City _____ State _____ Zip Code _____

Home Church: _____ Church Phone: _____
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 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 make financial help especially important to them? _____

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



7. Additional comments or observations:

Print Name: _____

Signature: _____ Date: _____

Address:

Street _____ City _____ State _____ Zip Code _____

Email Address (optional): _____