



Cover Letter for Returning Applicants Only

Dear Returning 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 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 directly paid to the school the applicant attends.
5. As a returning applicant in order to be considered, the applicant must submit the following:
 - a. **An official school transcript of all current grades (including fall 2016) that accompanies the application.**
 - b. **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 emailed one is acceptable. Please email 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 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: _____

Date and Place of Birth: _____
Street City/State Zip Code

Home Phone #: _____

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

Home Church: _____ Telephone #: _____

Church Address: _____

Pastor's Name: _____ How long a member? _____
Street City/State Zip Code

College Attending: _____ College phone #: _____

College Address: _____

Current Class Year: _____ Declared Major: _____
Street City, State Zip Code

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: _____

Telephone #: _____ Occupation of Parents: _____
Street City, State Zip Code

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: _____



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