



Cover Letter for Returning Applicants

Dear Applicant:

Enclosed you will find information and copies of the forms to apply for a scholarship from the LWML Washington-Alaska District Scholarship Fund. Scholarships are available to students who meet 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 is 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 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. **An official transcript of all current grades (including fall 2017) that accompanies the application.**
 - b. **The completed scholarship application forms with 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 jikerd@comcast.net.)

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

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: _____



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 Rehklau Road SE
 Olympia, WA 98513.