

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
WASHINGTON-ALASKA DISTRICT
SCHOLARSHIP APPLICATION (due March 15, 2012)**

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 Home Tel. #: () _____

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

Home Church: _____ Tel. #: () _____

Church Address: _____

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

College Attending: _____ College phone #: _____

College Address: _____

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

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

Tel. #: _____ Occupation of Parents: _____

Number and ages of other dependants of parents: _____

If married, is spouse working or planning on working? _____

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. Edwards under separate cover by the following people: your pastor and the other 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 ____ Have received LWML Scholarship in
_____ year.

Note:-Clarify financial cost as accurately as possible.

ANTICIPATED COSTS FOR THE FULL ACADEMIC YEAR

List the institutions estimated cost of education for the 2012-2013 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)	_____	
From applicant's earnings/savings	_____	
SUB TOTAL of these:		Subtotal \$ _____

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

Received :	_____	
Received :	_____	
Received :	_____	
Received :	_____	
Other:	_____	
SUB TOTAL 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, 2012** and sent along with **an official transcript of grades including Fall 2011 semester to:**

Sarah Edwards
Scholarship Committee Chairman
LWML Washington-Alaska District
22021 SE 270th St.
Maple Valley, WA 98038-7418