

**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, 2012** to Sarah Edwards, Scholarship Committee Chairman, LWML Washington-Alaska District, 22021 SE 270th St. Maple Valley, WA 98038-7418.

Applicant's Name: _____

Applicant's Address: _____
Street

_____ Applicant's Telephone #: (____) _____

City/State _____ ZIP _____
Home Church: _____ Church Telephone #: (____) _____

Church Address: _____
Street _____ City/State _____ ZIP _____

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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 WA-AK District Scholarship**?

7. Additional comments or observations: _____

Print Name: _____

Signature: _____ Date: _____ Tel.: (____) _____

Address: _____

Email Address (optional) _____