



**LUTHERAN WOMEN'S MISSIONARY LEAGUE  
WASHINGTON-ALASKA DISTRICT  
SCHOLARSHIP APPLICATION and INSTRUCTIONS  
For Academic Year 2024-2025**

Dear Applicant:

Information and copies of the forms required to apply for a scholarship from the LWML Washington-Alaska District Scholarship Fund are enclosed. Scholarships are available to students who meet the following requirements:

1. The applicant is 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 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 **postmarked by April 15, 2024**. Scholarship recipients will be determined annually and will be for one year.
4. The Scholarship Committee will process all applications.
5. In order to be considered, the applicant must submit the following:
  - a. **An official transcript of all current grades (including fall 2023).**
  - b. **The completed scholarship application forms with your financial data information.**
  - c. **A recent photo suitable for publication.** (A digital photo would be acceptable.) Please email it to [kkcollins33@gmail.com](mailto:kkcollins33@gmail.com)

**NEW APPLICANTS ALSO NEED THE FOLLOWING ITEMS:**

- a. **A personal letter of 200 words indicating why the applicant desires a scholarship and why he/she is pursuing a church profession.**
- b. **Two recommendation forms, one from the home congregation's pastor, (unless he is the applicant's father. If so, a recommendation from another church official should be submitted.) The second recommendation should come from a principal, an advisor, or other non-relative.**

Please have the **recommendation forms** sent directly to Kim Collins by those providing the recommendations. We suggest that you provide them each with an addressed stamped envelope.

**\*No application will be considered without all required documents.**

Scholarship applications must be mailed to Kim Collins 4305 S. Canter Cir. Wasilla, AK and postmarked by **April 15, 2024**.

Please notify me by **August 1, 2024** if you no longer qualify for this scholarship.

May the Lord bless you as you seek to serve our Lord.

In Christian love,  
Kim Collins  
LWML Washington-Alaska District Scholarship Chairman



**LUTHERAN WOMEN'S MISSIONARY LEAGUE  
WASHINGTON-ALASKA DISTRICT  
SCHOLARSHIP APPLICATION (due April 15, 2024)**

**APPLICATION FOR SCHOLARSHIP** Repeat Applicant: YES \_\_\_\_ NO \_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_ Dr \_\_\_\_\_  
Street City/State Zip Code

Date: \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Home Church: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City/State Zip Code

Pastor's Name: \_\_\_\_\_

How long has applicant been a member of this congregation? \_\_\_\_\_

College Attending: \_\_\_\_\_ College email: \_\_\_\_\_

College Address: \_\_\_\_\_  
Street City/State Zip Code

Current Class Year: \_\_\_\_\_ Declared Major: \_\_\_\_\_

Is the college on the semester or the quarter system? \_\_\_\_\_

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 received an LWML Washington-Alaska District 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 2024-2025 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 **April 15, 2024** and sent along with **an official transcript of grades including Fall 2023 semester to:**

Kim Collins, Scholarship Committee Chairman  
 LWML Washington-Alaska District  
 4305 S. Canter Cir.  
 Wasilla, AK 99654

**NEW APPLICANTS ONLY:** Please have the **two** recommendation forms sent directly to Mrs. Collins under separate cover by the following people:

- 1. Your pastor and 2. Someone who is NOT a relative, but can supply additional information about you.



**LUTHERAN WOMEN'S MISSIONARY LEAGUE  
WASHINGTON-ALASKA DISTRICT  
SCHOLARSHIP APPLICATION – RECOMMENDATION**

**NEW APPLICANTS ONLY**

PLEASE give this your IMMEDIATE attention and return the completed form by **April 15, 2024**, to Kim Collins, Scholarship Committee Chairman, LWML Washington-Alaska District, 4305 S. Canter Cir. Wasilla, AK 99654.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street City/State Zip Code

Home Church: \_\_\_\_\_

Church Telephone: ( ) \_\_\_\_\_

Church Address \_\_\_\_\_  
Street City/State Zip Code

\*\*\*\*\*

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 circumstance such as 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 makes financial help especially important to them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

