

Dear Applicant,

Below you will find information that is pertinent to applying for a scholarship from the Indiana District LWML Scholarship Fund.

- 1) **APPLICATION FORM**
- 2) **FINANCIAL DATA FORM**
- 3) **HOME PASTOR'S LETTER OF RECOMMENDATION**
- 4) **LETTER FROM ACADEMIC ADVISOR WHICH INCLUDES STUDENT'S GPA & COLLEGE ACTIVITIES**
- 5) **PERSONAL LETTER FROM APPLICANT BRIEFLY EXPLAINING THEIR BACKGROUND AND GOALS.**

Please complete the Application Form and the Financial Data Form and return these together with the Letter of Recommendation from your home pastor, Report of Academic Potential and Achievement, including grade point average, completed by an authorized representative of the last school you attended and the Personal Letter from the Applicant.

It is important to submit these five items together to prevent any application from being incomplete due to misplaced or lost information.

Submit complete application and supporting documents postmarked no later than

March 15, 2020 to:

Iris Wittman

10601 N County Road 1200 E

Evanston, IN 47531

e-mail: mariawit@gmail.com

All applicants will be notified by June 2020 whether or not they will be receiving a scholarship for the 2020-2021 school term.

Thank you for your interest in the Indiana District LWML Scholarship Fund. Please remember the LWML and this fund in your prayers.

Yours in Christ,

Iris Wittman,
Scholarship Chairman

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
INDIANA DISTRICT**

APPLICATION FOR MEMORIAL SCHOLARSHIP

Name of Applicant _____ Age _____

Address of Applicant _____ City _____ Zip _____

Home Phone No. (____) _____ Date of Birth _____

Name of Parents _____

Address of Parents _____

Phone No. of Parents (____) _____ Student E-mail Address _____

Occupation of Parents _____

No. of Other Dependents of Parents _____

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

No. and Ages of Dependents of Applicant _____

If married, is spouse working or planning to work? _____

Home Church and Address _____

Pastor of Home Church _____

Length of time applicant has been a communicant member of a congregation of the Lutheran Church-Missouri Synod in the Indiana District _____

Applicant intends to become a () Pastor () Teacher () Deaconess () DCE () Other in the LCMS. If Other, please state _____

Which LCMS Education Institution (College or Seminary) will the applicant attend (or is presently attending)? _____

Has the applicant been accepted for enrollment? _____ What Class Level is applicant entering? _____

Has applied for LWML Scholarship before _____ Have received LWML Scholarship _____ year?

IMPORTANT: A Letter of Recommendation is required from the home pastor and from the authorized Administrator of the last school attended concerning academic potential and achievement (transcript of grades NOT required). However, it is important that we receive applicant's Grade Point Average. Include with this Application Form a Personal Letter from applicant briefly explaining their background and goals.

*** These letters must be returned to the Chairman of the Scholarship Committee by MARCH 15, 2020. The completed application must be POSTMARKED NO LATER THAN MARCH 15, 2020.**

* - 2nd career students entering a Seminary I program may waive "Last school attended" requirements.

- If applicant has any special circumstances, please explain on other side of this page.

INDIANA DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE FINANCIAL DATA FORM

NOTE: Clarify financial cost as accurately as possible.

ANTICIPATED COSTS FOR APPLICANT'S FULL ACADEMIC YEAR:

- | | | |
|---|----------|-----------------|
| 1. Total Tuition | \$ _____ | |
| a. Amount provided by institution | \$ _____ | |
| b. Student's responsibility | \$ _____ | |
| 2. Books, Supplies & Fees | \$ _____ | |
| 3. Sub Total School costs (add lines 1b & 2) | \$ _____ | |
| 4. Housing (Room and Board) | \$ _____ | |
| 5. Transportation | \$ _____ | |
| 6. Personal Expenses | \$ _____ | |
| 7. Other Expenses (Please list on other side) | \$ _____ | |
| 9. Sub Total Living Expenses (add lines 4, 5, 6, 7 & 8) | \$ _____ | |
| TOTAL ANTICIPATED COSTS (add lines 3 & 9) | | \$ _____ |

ANTICIPATED RESOURCES FOR APPLICANT'S FULL TIME ACADEMIC YEAR:

- | | | |
|---|----------|-----------------|
| 10. From family assistance | \$ _____ | |
| 11. If married, from spouse's salary | \$ _____ | |
| 12. From applicant's savings | \$ _____ | |
| 13. From applicant's present or summer job earnings | \$ _____ | |
| 14. Subtotal of Anticipated Resources (add lines 10, 11, 12 & 13) | | \$ _____ |
| From Other Scholarships: | | |
| 15. Received: _____ | \$ _____ | |
| 16. Received: _____ | \$ _____ | |
| 17. Total Received (add lines 15 & 16) | | \$ _____ |
| From Other Grants (Home congregation, etc. Please list) | | |
| 18. _____ | \$ _____ | |
| 19. _____ | \$ _____ | |
| 20. Total from Other Grants (add lines 18 & 19) | | \$ _____ |
| 21. Applied for _____ | \$ _____ | |
| 22. Applied for _____ | \$ _____ | |
| 23. Total Applied for (add lines 21 & 22) | | \$ _____ |
| From Other Sources (Loans, please list) | | |
| 24. _____ | \$ _____ | |
| 25. _____ | \$ _____ | |
| 26. Total from Other Sources (add lines 24 & 25) | | \$ _____ |
| TOTAL ANTICIPATED RESOURCES FOR INCOME
(add lines 14, 17, 20, 23, & 26) | | \$ _____ |

DATE _____ SIGNATURE _____