

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 THAT 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 completed application and supporting documents postmarked no later than March 20, 2021 to:

Darlene Moog
449 Beachfront Drive
Evansville, Indiana 47715
Email address: drm91555@gmail.com

All applicants will be notified by June 2021 whether they will be receiving a scholarship for the 2021-2021 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,

Darlene Moog,
Scholarship Chairman

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

1. By Indiana District LWML Resolution, each scholarship to be allotted shall be in the amount of at least \$500.00. [L]
[SEP]
2. Moneys for support shall be sent directly to the appropriate school administrator in charge of such funds and made payable to the school according to the number of terms per traditional school year. [L]
[SEP]
3. Students who are supported are expected to lead a Christian life and to be faithful in the pursuit of their studies. [L]
[SEP]
4. Students who discontinue their studies are expected to inform the Scholarship Committee Chairman of their action as soon as possible. [L]
[SEP]

ELIGIBILITY FOR SCHOLARSHIP

1. Applicant must be a communicant member of a congregation of the Lutheran Church Missouri Synod in the Indiana District for at least eighteen months prior to filing an application.
2. Only such students shall receive scholarships that are preparing to be servants of the church on a full-time basis (ministry, teaching, parish work, DCE, Deaconess, etc.) [L]
[SEP]
3. Only students enrolling in an LCMS synodical school that will prepare them to be servants of the church on a full-time basis shall receive a scholarship. [L]
[SEP]
4. Only such students shall receive a scholarship as shall present a demonstrable need for such aid. [L]
[SEP]
5. Student shall have demonstrated a good scholastic aptitude in their previous school.

APPLICATION FOR SCHOLARSHIP [L]
[SEP]

1. Each student desiring a scholarship shall make an ANNUAL application.
2. Applications are issued for a period of one year only. If future support is desired, a new application must be made. Requests for application forms shall be made by **March 10** and completed application forms shall be received by the Scholarship Chairman, postmarked no later than **March 20**, for consideration for the following Fall term. Send completed forms to:
Darlene Moog, Scholarship Chairman, [L]
[SEP]
449 Beachfront Drive, [L]
[SEP]
Evansville, Indiana IN 47715
e-mail: drmoog91555@gmail.com Home Phone #: 812-909-4910
3. No application shall be considered unless the school of the prospective student has approved his/her enrollment.

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 20, 2021. The completed application must be POSTMARKED NO LATER THAN MARCH 20, 2021.**

- * 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) \$ _____
- 8. Sub Total Living Expenses (add lines 4, 5, 6, & 7) \$ _____

- TOTAL ANTICIPATED COSTS (add lines 3 & 8) \$ _____

ANTICIPATED RESOURCES FOR APPLICANT'S FULL TIME ACADEMIC YEAR:

- 9. From family assistance \$ _____
- 10. If married, from spouse's salary \$ _____
- 11. From applicant's savings \$ _____
- 12. From applicant's present or summer job earnings \$ _____
- 13. Subtotal of Anticipated Resources (add lines 10, 11, 12 & 13) \$ _____

- From Other Scholarships:
- 14. Received: \$ _____
- 15. Received: \$ _____
- 16. Total Received (add lines 14 & 15) \$ _____

- From Other Grants (Home congregation, etc. Please list)
- 17. \$ _____
- 18. \$ _____
- 19. Total from Other Grants (add lines 17 & 18) \$ _____

- 20. Applied for \$ _____
- 21. Applied for \$ _____
- 22. Total Applied for (add lines 20 & 21) \$ _____

- From Other Sources (Loans, please list)
- 23. \$ _____
- 24. \$ _____
- 25. Total from Other Sources (add lines 23 & 24) \$ _____

- TOTAL ANTICIPATED RESOURCES FOR INCOME
(add lines 13, 16, 19, 22, & 25) \$ _____

DATE _____ SIGNATURE _____