



Indiana Katie Retreat Scholarship Request Form

Year: _____

Name of Applicant:

Address:

Email Address:

Phone #:

Name and location of the parish your husband is now serving or his call status:

Have you previously attended the Katie Retreat? Yes No If yes, when?

The reasons for wanting to attend the Katie Retreat can be as varied as the number of people attending. We are so pleased that you have an interest in attending. To help us with further planning, what benefits do you hope to receive by attending the Katie Retreat?

Sometimes there can be other forms of assistance such as LWML, ladies' guild, local church, or individual donor.

This part is to be completed by the Indiana District Office:

Date received: _____

Amount awarded: _____

Special notes:

Please send this form upon completion to (email) inkatieretreat@in.lcms.org
Please put Scholarship Application in the subject line, or (postal service)

**Indiana District Office - LCMS
ATTN: Katie Retreat
1145 S. Barr Street
Fort Wayne, IN 46802**