

SCHOLARSHIP APPLICATION

LWML WYOMING DISTRICT

Deadline – March 31, 2019

Criteria: **MUST** be attending an LCMS affiliated College or University
Preference given to seminarians and full-time church workers

Date of application: _____

Name: _____ Birthdate: _____

Permanent Address: Street _____ City _____ State _____

Zip _____ Phone # _____ Cell # _____

School Address: Street _____ City _____ State _____

Zip _____ Phone # _____ Email _____

Parents/Guardian: _____ Spouse _____

Age(s) of dependent siblings living at home: _____

Age(s) of dependent children living at home: _____

Occupation(s) of father/mother: _____

Occupation(s) of husband/wife: _____

Name and address of Congregation: _____

Name and address of Pastor: _____

Church Activities: _____

School/Community Activities: _____

High School attended/date of graduation: _____

College attended (include years and location): _____

Principal or academic advisor and address (latest school attended):

Name of Academic Institute you will attend and grade level: _____

Field of study: ___ Pastoral Ministry ___ Teaching ___ Deaconess
___ Director of Christian Education ___ Other Church Related Field _____

Have you received any other scholarships or financial aid? ___Yes ___No

List scholarships or grants and amounts received the past year: _____

List scholarships or grants and amounts received for the coming year: _____

To help with decisions of need, please list the following:

- Individual Income _____
- Family Income (approx.) _____
- Family support _____

Name and address of newspaper to send notice if you are a recipient: _____

Please mail completed application no later than **March 31, 2019** to:

VP of Human Care
Shurie Scheel
527 Warren Street
Thermopolis, WY 82443
(307) 460-0392
shuriescheel@gmail.com