

APPLICATION FOR SCHOLARSHIP

Southern Illinois District LWML

*All applicants must complete this questionnaire as accurately as possible.
Please type or print using black ink.*

For which scholarship are you applying?

Student Assistance (Deaconess, Teacher, Director of Christian Education, Preseminary)
 Seminary Student Scholarship (Pastors)

Applicant's Name _____ Age _____

Home address _____ Phone _____

_____ Email _____

College address _____

Single _____ Married _____ Spouse's name _____

Do you have children? _____ Ages of children _____

Home Church _____

Pastor's name _____

Church address _____ Church Phone _____

Church Activities

New Applicant _____ Re-applicant _____ Date of Application _____

Application for scholarship beginning _____, 20__ and ending _____, 20__
(month) (year) (month) (year)

at _____ college/seminary at _____
(name) (select one) (city, state, zip)

Career goal _____ Degree being pursued _____

Target date _____

(Pastor, Deaconess, Teacher, Director of Christian Education, Preseminary)

In what class will you be enrolled during the term of this scholarship (1st yr., 2nd yr, etc.) _____

I am **presently enrolled** I am **officially accepted**

Are you presently employed in full time church ministry? _____

What position? _____

Previous Schooling

College/School _____ Degree Received _____

Date Received _____

Address _____

Grade Pt. _____

Present Schooling

College _____ Degree Expected _____

Date Expected _____

Address _____ Grade Pt. _____

Financial Information

Are you currently employed Full-time? _____ Part time? _____

Yearly salary? _____

Do you have summer employment? _____ Approximate summer wages \$ _____

Is your spouse in school? _____ What year? _____

How is your spouse's schooling financed? _____

Is your spouse working? _____ Spouse's yearly salary? \$ _____

Do you have any savings? _____ Amount saved \$ _____

Approximate yearly financial support from Parents? \$ _____ College? \$ _____

Home Congregation? \$ _____ Grants and Loans? \$ _____

Scholarships? (list and give amounts) \$ _____

Others? (list and give amounts) \$ _____

Total debt for your education up to this time? \$ _____

Total anticipated costs for the school year – Include tuition, room, board, books, etc.

\$ _____

If a scholarship is granted, the undersigned consents to be identified by name in reporting materials provided for participants at regular SID LWML Conventions

Applicant Signature

Date

**All applications must be postmarked by May 1, 2019 to be considered for a
2019-2020 scholarship grant.**

If the committee does not have all of the above applicable information, your application will not be considered.

Please return this form to the Southern Illinois District LWML VP for Gospel Outreach:

Mail to: Miriam Koehne
 1366 Stowe Avenue or email to: threekinc@gmail.com
 Greenville, IL 62246

You will be notified by June 30, 2019 about whether you will or will not receive a scholarship.

SERVE THE LORD WITH GLADNESS

Form revised – Oct, 2018