



Lutheran Women's Missionary League-New England District

Guidelines for Application for Scholarship Assistance

- 1. In order to be considered for scholarship assistance, the applicant must submit one of each of the four following items:**
 - a. Application For Scholarship Assistance**
 - b. Financial Data Form**
 - c. Academic recommendation from his/her academic dean, college advisor, college professor, high school guidance counselor, or teacher**
 - d. Recommendation from the Pastor of the home congregation**
- 2. The applicant must be a communicant member of a congregation affiliated with the New England District of the Lutheran Church Missouri Synod.**
- 3. The applicant must intend to enter the service of the Lutheran Church Missouri Synod as a pastor, teacher, deaconess, social worker, declared church worker, director of Christian education, or lay worker, and must attend a synodical college or seminary.**
- 4. The Lutheran Women's Missionary League, New England District, will pay all scholarships directly to the school the applicant is attending.**
- 5. All scholarships are for one academic year. Application packet should be sent to:
Sharon Dever, LWML-NED Vice President of Gospel Outreach
105 Moody Avenue, Fairfield, CT 06825
or via email to GospelOutreach@lwml-ned.org.
Applications must be postmarked by **August 1, 2013** to be considered.**



Lutheran Women's Missionary League-New England District Application for Scholarship Assistance

Name of Applicant: _____
Last _____ First _____ Middle _____

Home Address: _____
Street _____ City _____ State _____ Zip Code _____

Phone Number: _____ Date of Birth: _____

Home Church: _____

Pastor: _____

Intended Service in the Church: _____

School: _____

School Address: _____
Street _____ City _____ State _____ Zip Code _____

Year (circle one): Senior Junior Sophomore Freshman

Briefly describe your motivation for wanting to enter into professional church work.

Additional data you desire to submit to the LWML.

Signature of Applicant _____ Date _____



Lutheran Women's Missionary League-New England District Financial Data Form

Anticipated Costs for Applicant's Full Academic Year:

Tuition _____

Housing _____

Books and Supplies _____

Travel _____

Personal Expenses _____

Living Expenses _____

Other Expenses _____

Total Costs _____

Anticipated Resources for Applicant's Full Academic Year:

Assistance from Family _____

From Applicant's Savings _____

From Applicant's Earnings _____

From Other Scholarships / Grants _____

From Other Sources _____

Total Resources _____

Signature of Applicant

Date