



Lutheran Women's Missionary League–New England District Short-Term Mission Trip Scholarship Application

Please return completed application to:

Ruth Scheumann, LWML-NED Vice President of Gospel Outreach via email
to ruthpc@comcast.net

Name of Applicant: _____

Applicant Address: _____
street city state zip code

Applicant Phone Number: _____

Applicant Email Address: _____

Home Church: _____

Church Address: _____
street city state zip code

Pastor: _____

Dates of Mission Project: _____

Describe the purpose of the mission project: _____

Describe your motivation for participating in this mission project:

Pastor's Recommendation: (or on a separate page) _____

Pastor's Signature

Upon my return from the mission project, I agree to share my experiences with the district organizations and/or churches and other groups when reasonably requested.

Applicant's Signature

Date

