



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.

All scholarships are for one academic year. Application packet should be sent to:

Cindy Zattich, LWML-NED Vice President of Gospel Outreach
5 Wilson Circle, Maynard, MA 01754
or via email to GospelOutreach@lwml-ned.org.

Applications must be postmarked by **August 1, 2017** 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: _____ email address _____

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**