



**LWML**  
New England District

Lutheran Women's Missionary League-  
New England District

## **Guidelines for Submitting an 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:

**Donna Madonna, LWML-NED Vice President of Gospel Outreach,  
53 Millbrook Lane, Harwinton, Ct 06791  
or via email to [GospelOutreach@lwml-ned.org](mailto:GospelOutreach@lwml-ned.org)**

Applications must be postmarked by **August 1, 2018** 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**