



## **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 (LCMS)**
  
- 3. The applicant must intend to enter the service of the LCMS as an ordained or commissioned Church Worker and must attend an LCMS 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:

**Ruth Scheumann LWML-NED Vice President of Gospel Outreach via  
email to [ruthpc@comcast.net](mailto:ruthpc@comcast.net)**

**To mail your application, please contact Ruth for her address.**

Applications must be received or postmarked by **August 1, 2024.**



### Application for Scholarship Assistance

Name of Applicant: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ email address \_\_\_\_\_

Home Church and Address: \_\_\_\_\_

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



**Application for Scholarship Assistance  
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:	_____

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Signature of Applicant

Date