



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

Please return completed application to:

Cindy Zattich, LWML-NED Vice President of Gospel Outreach,
5 Wilson Circle, Maynard, MA 01754

or via email to GospelOutreach@lwml-ned.org.

Name of Applicant: _____

Home Address: _____
street city state zip code

Home Phone Number (with area code): _____

Home 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:

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.

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

Individual

Anticipated Total Cost of the Trip: _____

Resources

Subsidy from Sponsoring Organization: _____

Other Scholarships/Grants: _____

Anticipated Fundraising: _____

Total Resources _____

Groups

Anticipated Total Cost of Trip: _____

Number of Participants: _____

Resources

Subsidy from Sponsoring Organization: _____

Other Scholarships/Grants/Donations: _____

Anticipated Fundraising: _____

Total Resources _____

Signature of Applicant

Date