



Lutheran Women's Missionary League
Florida-Georgia District

LWML FL-GA DISTRICT SCHOLARSHIP
GUIDLELINES AND APPLICATION
2017 – 2018 ACADEMIC YEAR

A valid application for a scholarship from the Lutheran Women's Missionary League (LWML) FL-GA District will include all of the information listed in these guidelines. Incomplete or late applications will not be considered. Send the original application to the LWML FL-GA District Scholarship Chairman. If you want to apply for student aid from the FL-GA District LCMS, you will need to use their form and guidelines, which differ from the LWML.

Materials must be received by JUNE 1, 2017

Carol Alberts, Scholarship Chairman
LWML FL-GA District
10083 SW 65th Ter.
Ocala, FL 34476
352- 854-5507
lwmlcarol@embarqmail.com

INFORMATION ON THE SCHOLARSHIPS

1. The LWML scholarship fund is administered by the LWML FL-GA District Scholarship Committee and scholarships are only granted to students preparing for full-time church work in the LCMS.
2. Applicants must have been a member of a congregation of the FL-GA, SELC or English Districts of the LCMS in the states of Florida or Georgia for the eighteen (18) months prior to filing an application, and be enrolled full-time in a rostered church worker program. An applicant may only receive a scholarship from one district.
3. Scholarships will be given in two installments, half at the beginning and half at mid-point of the school year.
4. Applications for a Scholarship must be made on the form provided, completed and in the hands of the Scholarship Committee Chairman by the deadline of June 1, 2017.
 - Students who are qualified and desire a scholarship for another year must reapply each year. Only one scholarship per family per year will be awarded. LWML Love Gifts may be available to additional members of the same family.
 - Contact the Scholarship Chairman for further information. Applications are available from the LWML FL-GA District website: www.flgalwml.com.

This Application is due each year in which a Scholarship is desired.

A completed application packet for a LWML FL-GA District Scholarship will include:

1. A completed application form.
2. A recent photo, suitable for publication. Digital photos may be emailed.
3. A transcript from the school last attended.
4. A statement of financial need from a dependent student's parents.
OR - A personal statement of financial need from independent students.
5. A signed letter (first year applicants only) outlining your:
 - a. vocational calling,
 - b. goals,
 - c. previously attended schools,
 - d. activities, and
 - e. plans for educational financing.
6. Three (3) current letters of recommendation as noted on the application.
7. A copy of your and/or your parents' 2016 Income Tax returns.
8. Returning applicants are to include a letter from one of your professors or another responsible individual from your current school.
9. A completed District Financial Aid Application obtained from the college or seminary's financial aid office. Fill out "Section I: Student." Ask the financial aid officer to fill out "Section II: College or Seminary," and forward it to the Scholarship Chairman.

Completed application packets must be in the hands of the Scholarship Committee Chairman by June 1, 2017 for the Fall term. Incomplete or late applications will not be considered.

- Scholarships are available to members of the FL-GA, SELC, or English District congregations in the states of Florida or Georgia training for full-time service in the LCMS, and attending one of our Concordia University System colleges or seminaries.
- Scholarship awards are based on need, scholastic progress, and aptitude.
- The following are additional sources of financial assistance: your parents, your parent's congregation, your home or vicarage congregation. Requests may be made through the Pastor of the congregation.

*Ministerial scholarships are also available from the Munderloh Foundation,

St. James Lutheran Church, 170 McMilan Road, Grosse Pointe Farms, MI 48236

- Be sure to keep a copy of the application for reference in future years.



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Please read and follow exactly the guidelines and instructions below.
Return a completed application packet by the required deadline
to the LWML FL-GA District Scholarship Chairman

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ E-Mail _____

Date of Birth: ____/____/____ Married/Single _____ Number of Children ____

Home Congregation and address

I have been a member of the FL-GA, SELC, or English District LCMS within Florida or Georgia for ____ years.

Attending Concordia Seminary/University, City _____ State _____

Class Level in 2016-2017: (Circle One) Fr. So. Jr. Sr. _____ Sem. I II III IV Vicar

Other Full-time church work in the LCMS for which I am preparing: _____

On a separate sheet outline:

- A. Your basis for choosing this career.
- B. Your educational plans and goals.
- C. Previously attended schools and degrees granted.
- D. Your extracurricular activities, past and present.
- E. How you are assisting in financing your education.

Three Letters of Recommendation are required and should be sent directly to the Scholarship Chairman.

1. From the Pastor of the applicant's home congregation affirming church membership and recommendation for scholarship.
2. From the student's previous school's principal, administrator, or other authorized person.
Second career students – from your immediate supervisor at work.
3. From a mature, responsible person other than the Pastor, a relative, employer, or school representative. State in what capacity the writer knows the applicant.

2016 Income Tax Return

Dependent Students, submit copies of both parents' and your own income tax returns. Independent Students, submit copies of your spouse's and your own income tax return.

DEPENDENT STUDENT

_____	_____	_____
Father's Name	Occupation	Income

_____	_____	_____
Mother's Name	Occupation	Income

Number of individuals dependent on these two incomes _____ Number in college _____

Names and grade levels of siblings _____

INDEPENDENT STUDENT

Applicant's Name _____	Occupation _____	Income _____
Spouse's Name _____	Occupation _____	Income _____
Names & Ages of Children _____		

How many years have you received aid from the LWML FL-GA District scholarship program? _____

Total amount of Student Loans taken out to date: \$ _____

List the institution's estimated cost of your education for the 2017-2018 academic year.

Tuition	_____	
Room & Board	_____	
Books & Supplies	_____	
Fees	_____	
Transportation	_____	
Other Expenses	_____	
TOTAL EXPENSES		\$ _____

List the applicant's estimated support and income for the year's education.

Applicant's Earnings	_____	
Spouse's Earnings	_____	
Parental Support	_____	
Support from your home congregation, Friends, Relatives, Etc.	_____	
Scholarships/Grants Confirmed for the year	_____	
TOTAL PRESENTLY AVAILABLE		\$ _____
Total Amount Scholarships /Grants /Other Support Pending		\$ _____

Acknowledgments: I understand and agree that this application is for the 2017-2018 academic year only. New Applications must be re-submitted each year. In submitting this application, I grant the LWML FL-GA District permission to use my information in God pleasing ways. To the best of my knowledge, the above statements are full, complete, and true.

Dependent Student's Signature _____

Dependent Student Parent's Signature _____

Independent Student's Signature _____

Independent Student Spouse's Signature _____

Date ____/____/____