A valid application for a District scholarship will include all of the information listed in these guidelines.

 Send a copy of the application to the District Scholarship Chairman.

## Materials must be received by JUNE 1

## District will also accept applications for Spring and Summer Term.

Ms. Lois J. Ford,

FL-GA District Scholarship Chairman

118 E. Wilt Ave.

Eustis, FL 32726

352- 357-2641

loisjford@gmail.com

INFORMATION ON THE SCHOLARSHIPS

1. The district scholarship fund is administered by the District Scholarship committee appointed by the District President and are 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 District 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 roistered church worker program. An applicant may only receive a scholarship from one district.

3. District scholarships may also be awarded for the spring and summer terms. 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 committee chairmen by the deadline of June 1.

1. Students who are qualified and desire a scholarship 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.
2. Contact the scholarship chairman for further information. Applications are available from the FL/GA District: [www.flga-lcms.org,](http://www.flga-lcms.org/)  or the LWML: [www.flgalwml.com](http://www.flgalwml.com/)

This Application is due each year in which Student Aid is desired.

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

1. A completed application form.

# A recent photo, suitable for publication. Digital photos may be emailed.

1. A transcript from the school last attended.
2. A statement of financial need from a dependent student’s parents.

OR - A personal statement of financial need from independent students.

# 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.

1. Three (3) current letters of recommendation as noted on the application.
2. A copy of your and/or your parents' most recent Income Tax returns.

# Returning applicants are to include a letter from one of your professors or another responsible individual from your current school.

1. 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 Chairmen.

Completed application packets must be in the hands of the Scholarship Committee Chairmen by June 1 for Fall term. We will be unable to consider incomplete applications.

* Student Aid is available to members of the FL-GA District Congregations training for full-time service in the LCMS, and attending one of our Concordia University System colleges or seminaries.
* Student Aid 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.

Please read and follow exactly the guidelines and instructions.

Return a completed application packet

by the required deadlines.

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 District LCMS for \_\_\_\_years.

Attending Concordia Seminary/University, City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_

Class Level in ’16 -‘17: (Circle One) Fr. So. Jr. Sr. Sem. I II III IV Vicar

Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time church work in the LCMS for which I am preparing: \_ \_

On a separate sheet outline: A. Your basis for choosing this career.

1. Your educational plans and goals.
2. Previously attended schools and degrees granted.
3. Your extracurricular activities, past and present.
4. How you are assisting in financing your education.

Three Letters of Recommendation are required and should be sent directly to each chairperson

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.

## Most recent Income Tax Return

Dependent Students, submit copies of both parents' and your own income tax return. 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 individual’s 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 these scholarship programs? \_

(District and/or LWML)

How many years have you received aid from these scholarship programs? \_

(District and/or LWML)

Total amount of Student Loans taken out to date: $

List the institution’s estimated cost of your education for the 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

Scholarships / Grants / Other Support Pending - Total Amount \_

### Acknowledgments: I understand and agree that this application is for 2018 only.

Applications must be re-submitted each year. In submitting this application, I grant the 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\_\_\_\_/\_\_\_\_/\_\_\_\_