## LUTHERAN WOMEN'S MISSIONARY LEAGUE - MICHIGAN DISTRICT

SCHOLARSHIP APPLICATION FOR CONCORDIA UNIVERSITY ENROLLED WOMEN STUDENTS

## **PURSUING STUDIES IN PROFESSIONAL CHURCH WORK**

This scholarship offer expires with the November 30, 2025 second application deadline. The award is for \$1,000 for each of the 2024-2025 and 2025-2026 academic years. If you desire a second year of eligibility you must reapply, **but only need to submit the second page of this application for the second year.** If awarded, \$1,000 will be sent to you for use towards your schooling costs. You will be notified as to your acceptance or denial of this scholarship shortly after the application process has been completed and reviewed by the Scholarship Allocation Committee. You must keep us informed in a timely manner as to any change in your status as a student if this change will affect your eligibility for this award.

**INSTRUCTIONS:** Please fill out the application completely. Type or print clearly with black ink. Use N/A if not applicable. In addition to this 2-page application form with 8 areas of questions, there are three (3) reference forms, two (2) are for non-related adults to complete, and one (1) is for your home congregation pastor to complete. Remember to include your required essay, referenced below, with your application.

## **APPLICANT'S FULL NAME AND ADDRESS:**

First	Middle		Last	
Michigan Address				<del></del>
College Address				
Email Address: home ( ) univers	ity ( )			
Michigan Phone	School Phone			Age
EDUCATION				
Do you intent to go into full-time prof	essional work for the LCMS? Yes _	No	Do	not know
In which university or seminary are y	ou currently enrolled?			
What vocation or profession are you	seeking?			
What degree are you seeking at this				
If you plan to teach, indicate the leve	el you prefer		· · · · · · · · · · · · · · · · · · ·	
Do you plan to do graduate work? Y	es If Yes where?		_ No	Do not know
Please check class level (year) in wh	nich you are enrolled			
University/college or seminary 1st ye	ar 2 <sup>nd</sup> year 3 <sup>rd</sup> year	4 <sup>th</sup> year	_ Intern _	other
What is your cumulative grade point	average?			
PROOF OF ENROLLMEN Please include a document showing		university/semin	ary state	d above.
ESSAY REQUIRED				
On a separate sheet of paper, please enable you to serve the Lord? Include				low will your career ch
CHURCH MEMBERSHIP				
Are you a member of a Michigan Dis				
If so, what is the name of the congre	gation?			<del></del>
Pastor of congregation		ı	Phone	

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Phone						
Mother's occupation						
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for your ed	educati	on? Y				
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Women's	n's Miss	ionary	League	? Yes	No	
our pastor	tor for re	eferenc	es, inclu	uding add	resses and phor	ne 
be filled or	l out con ear; and	npletely d Nove	y and re mber 30	turned wi	ation to receive ith the reference r the 2025-2026	s and
to the bes	est of m	ıy know	/ledge.			
						Date

Return this application form to LWML – Michigan District, VP of Mission Outreach, Carol Swenson, 822 W. Huron Ave, Vassar Michigan 48768 by November 30, 2024 for the 2024-2025 school year, and November 30, 2025 for the 2025-2026 school year. Before sending this application, make sure you include the required documentation. All applications are evaluated on the following four categories: grade point average, essay, references, and financial need. Failure to meet the deadline with all required information will be an automatic denial of this award.