Criteria for Eligibility for Biennium 2026-2028 Mission Grant
Scholarships for Female Students Studying for Deaconess
or other Professional Church Workers

1) Applicant must be enrolled at one of the Concordia Universities/Colleges of the LCMS System, or at one of the two LCMS Seminaries. Please note that Deaconess Students would qualify under the language of this grant.

2) Applicant must be a member in good standing of a Michigan District LCMS congregation.

3) Applicant must reside in the State of Michigan as a primary residence (not school address) i.e. parents' or guardian's home must be located in Michigan.

4) Applicant must intend to go into full-time professional service for the LCMS. (This would include the position of **D**irector of **C**hristian **E**ducation).

5) This scholarship money will be used towards the cost of the student's schooling while enrolled as a student in either the Concordia University/College System or for deaconess studies at one of the two Seminaries. The scholarship will be awarded to the student.

6) The scholarship awarded will be $1,000 per semester. Reapplication must be made for each semester.

7) Applications must be completely filled out with requested letters of reference and required essay and sent to the LWML Michigan District VP of Mission Outreach.

8) Application is reviewed and acted upon by the LWML Michigan District Scholarship Allocation Committee Chaired by LWML Michigan District VP of Mission Outreach and the LWML Michigan District Finance Committee members.

9) Those reapplying for the second time and following do not need to include reference letters with their reapplication forms.

Applications are to be sent to:
LWML Michigan District VP of Mission Outreach
Carol Swenson, 822 W. Huron Ave., Vassar, MI 48768

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 on April 1, 2028. The award is for $1,000 for each semester until April 1, 2028. You must apply each semester, **but only need to submit the second page of this application.** 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 _____

College Address _____

Email Address: home ( ) university ( ) _____

Michigan Phone _____ School Phone _____ Age _____

EDUCATION

Do you intend to go into full-time professional work for the LCMS? Yes _____ No _____ Do not know_____

In which university or seminary are you currently enrolled? _____

What vocation or profession are you seeking? _____

What degree are you seeking at this time? _____

If you plan to teach, indicate the level you prefer _____

Do you plan to do graduate work? Yes ____ If Yes where? _____ No ____ Do not know____

Please check class level (year) in which you are enrolled

University/college or seminary 1st year _____ 2nd year _____ 3rd year _____ 4th year _____ Intern _____ other _____

What is your cumulative grade point average? _____

PROOF OF ENROLLMENT

Please include a document showing that you are currently enrolled in the university/seminary stated above.

ESSAY REQUIRED

On a separate sheet of paper, please write a one-page essay (about 200 words) on this subject. How will your career choice enable you to serve the Lord? Include why you should be considered for this scholarship.

CHURCH MEMBERSHIP

Are you a member of a Michigan District LCMS congregation? Yes _____ No _____

If so, what is the name of the congregation? _____

Pastor of congregation _____ Phone _____

SINGLE APPLICANTS

Name of parents/guardian _____

Address _____Phone _____

Father's occupation _____ Mother's occupation _____

Are you claimed as a dependent by your parents? Yes _____ No _____ Siblings? If yes, ages _____

MARRIED APPLICANTS

Number of Children _____ Ages _____

What is your anticipated income for the year? _____

Do you receive any financial support from your spouse towards your schooling? Yes_____ No _____

FINANCIAL

Are you employed while attending school? Yes _____ No _____ Approximate wages _____

Do you have summer employment: Yes _____ No _____ Approximate wages _____

Are you having to take out loans and/or grants to help pay for your education? Yes _____ No _____
List the grants or scholarships you have applied for. (Give names and amounts)

_____

_____

List the grants and scholarships you are or will be receiving (Give names and amounts)

_____

_____

What is your total debt for your college at the present time? $_____

What is your anticipated total costs for the school year (including tuition, room/board, books, etc.) $_____

Have you received previous scholarships from the Lutheran Women's Missionary League? Yes _____ No _____

REFERENCES

Give the names of two (2) people (not related to you) and your pastor for references, including addresses and phone numbers.

_____

_____

If possible, please enclose a photo that may be printed for recognition at a later time. For consideration to receive a scholarship, all applications must be filled out completely and returned with the references and essay. All information is confidential to the scholarship allocation committee.

I declare that all the above information is true and accurate to the best of my knowledge.

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Signature of Applicant _____ Date _____

Return this application form to LWML – Michigan District, VP of Mission Outreach, Carol Swenson, 822 W. Huron Ave, Vassar Michigan 48768. 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.

8/20/2026

NON RELATIVE REFERENCE Please give this your immediate attention. Complete and return to Scholarship Allocation Committee, c/o **Carol Swenson, VP Mission Outreach, 822 W. Huron Ave., Vassar MI 4/768.**

Applicant's Name_____

Address_____City_____ Michigan _____

Has applied for a Lutheran Women's Missionary League scholarship and has given your name as a reference.

How long have you known this student? _____ Relationship to student? (Teacher, friend, etc)_____

Does she show by her life, conduct and activities in the church that she loves the Lord? If so, how? _____

Do you think she has the talents needed for her career choice? (Why?)_____

Does the family have other children attending school away from home?

_____

Do you know of any illness, disability, or lack of employment in the family that makes financial help more urgent? Give details.

_____

To the best of your knowledge, is she in need of financial aid? Yes_____ No_____

Would you recommend that she receive a scholarship? Yes_____ No_____

Comments: _____

_____

Any additional comments or observations on the above named student or family? You may use the back if necessary.

_____

_____

_____

_____

_____

Signature_____

Print Name_____

Address_____ Date_____

8/20/2026

YOUR PASTOR'S REFERENCE

Please give this your immediate attention. Complete and return to: **Scholarship Allocation Committee c/o Carol Swenson, 822 W. Huron Ave, Vassar MI 48768**

Applicant's Name_____

Address_____ City _____Michigan _____

Has applied for the Lutheran Women's Missionary League scholarship. Your letter is required to have her application considered.

How long have you known this student? _____

By the activities of this applicant does she show that she would be a good candidate for a full-time church worker? Why do you feel she is worthy of this scholarship? Please make any other comments or observations you may have about this applicant.

Signature_____

Address_____

Date _____

You may use the back for additional space.

Revised 8/20/2026