

**ALL BOXED AREAS ON BOTH PAGES MUST BE FILLED OUT**

Page 1

**SCHOLARSHIP APPLICATION FORM  
LWML SOUTH WISCONSIN DISTRICT**

LWML SWD use only

NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	EMAIL _____	
CONGREGATION _____		ZONE _____
PASTOR'S NAME _____		PHONE _____

Circle **One** event to be considered for **this** Scholarship: (**A NEW form must be sent for each event.**)

**FALL RETREAT**    **OR**    **WINTER GETAWAY RETREAT**    **OR**    **DISTRICT CONVENTION**

(\*Up to 10-\$100 scholarships awarded per year per retreat)

(\*up to 30-\$75 scholarships awarded per convention)

Received by deadline:  
August 1<sup>st</sup>

Received by deadline:  
December 1<sup>st</sup>

Received by deadline:  
May 1<sup>st</sup>

\*Numbers are accurate as of January 2018 but subject to change per action of the LWML SWD Executive Committee in response to fluctuating interest rates.

**VALIDATION OF NEED:**

Signature of one individual listed below

Date signed

**Please circle the individual signing:**

◆ Congregational Pastor

◆ Society President

◆ Zone President

◆ LWML SWD Officer or Committee Chairman (please specify)

SIGNATURE OF APPLICANT: \_\_\_\_\_

Date signed

**To ensure consideration for a scholarship, forms shall be received by these published deadlines. If additional scholarship money is still available, late applicants may be considered:**

Fall Retreat: August 1<sup>st</sup> the year of the Retreat

Winter Getaway Retreat: December 1<sup>st</sup> the year preceding the Retreat

District Convention: May 1<sup>st</sup> the year of the Convention

**IMPORTANT:**    \*PLEASE fill out both pages, filling out all boxes, including circling (both on pg 1 & 2) as requested.    \*Have form signed in "Validation of Need" box and circle his/her position.

**PLEASE SEND IN YOUR REGISTRATION FORM WITH THIS APPLICATION!**

*The only people seeing page 1 will be the LWML SWD President and District Treasurer.  
The TLC Application Review Committee will see only page 2.*


LWML SWD use only

Circle one event to be considered for this Scholarship:

**FALL RETREAT OR WINTER GETAWAY RETREAT OR DISTRICT CONVENTION**

(\*There are a limited number of scholarships that may be awarded per year per event)

Received by deadline:  
August 1<sup>st</sup>

Received by deadline:  
December 1<sup>st</sup>

Received by deadline:  
May 1<sup>st</sup>

\*Numbers are accurate as of January 2018 but subject to change per action of the LWML SWD Executive Committee in response to fluctuating interest rates.

**AGE OF APPLICANT:** *(please circle one)*

Under 18      18-24      25-34      35-49      50-64      65-74      75 +

*Please **circle** the individual signing on page 1:*

◆ Congregational Pastor

◆ Society President

◆ LWML SWD Zone President

◆ LWML SWD Officer or Committee Chairman (please specify)

**Questions for consideration of Scholarship:**

*How will participation in this event affect your personal Spiritual life?*

*What factor(s) in your life situation make it necessary to apply for financial assistance? (I.e. major medical expenses; fixed income; educational bills, job loss, etc.)*

**IMPORTANT: To ensure consideration for a scholarship, forms shall be received by these published deadlines. If additional scholarship money is still available, late applicants may be considered:**

**Fall Retreat: August 1<sup>st</sup> the year of the Retreat**

**Winter Getaway Retreat: December 1<sup>st</sup> the year preceding the Retreat**

**District Convention: May 1<sup>st</sup> the year of the Convention**

*You will be notified of your acceptance or denial no later than 1 week before the early registration deadline of the event for which you are requesting assistance.*

**PLEASE SEND 2-PAGE COMPLETED FORM TO:**

Barb Kaun, LWML SWD President  
316 Thomas Court, Neenah, WI 54956