DEACONESS POST GRADUATE SCHOLARSHIP

Lutheran Women's Missionary League South Wisconsin District

ELIGIBILITY AND REQUIREMENTS OF SCHOLARSHIP APPLICANTS

- 1. Female applicants who are communicant members of a congregation of the South Wisconsin District of The Lutheran Church—Missouri Synod shall be eligible for consideration for this scholarship.
- 2. The applicant must be a full-time student enrolled or planning to be enrolled in an institution of higher learning recognized by The Lutheran Church—Missouri Synod. This scholarship is intended for post graduate deaconess studies.
- 3. Scholarships shall be awarded on the applicant's overall aptitude for professional church work with consideration given to financial need.
- 4. The application for this scholarship shall require a confidential report from the applicant's pastor describing her character and ability. If the applicant's father is the Pastor, the visitor of the respective circuit shall submit the report. If the applicant's father is also the circuit visitor, another LCMS pastor shall submit the report. This confidential report must be SENT DIRECTLY to the District President of the LWML-SWD.
- 5. All applications must be sent to the District President of the LWML-SWD, who will then forward the eligible applicants to the chairman of The Love of Christ (TLC) Committee by May 1 for consideration for the scholastic year beginning in the upcoming Fall term. THE APPLICATION, ALL LETTERS OF ENDORSEMENT, AND ALL OTHER INFORMATION REQUESTED MUST BE EMAILED OR POSTMARKED BY May 1 OR THE APPLICATION WILL NOT BE CONSIDERED.
- 6. No scholarship shall be awarded by TLC Committee unless the school of the applicant shall have first approved her enrollment.
- 7. Any exceptions to these requirements shall be dealt with by the TLC Committee on a case by case basis.
- 8. The scholarship amount will be sent directly to the recipient's school at the beginning of the second semester.

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LUTHERAN WOMEN'S MISSIONARY LEAGUE SOUTH WISCONSIN DISTRICT DEACONESS POST GRADUATE SCHOLARSHIP APPLICATION

Please type or print using black ink.			
DATE OF APPLICATION:			
NAME (Last, First, Middle Initial):			
PERMANENT ADDRESS:	Street	City	ZIP Code
TELEPHONE (home)	(cell)		
EMAIL	BIRTHDA	TE	
		(month/da	y/year)
HOME CONGREGATION			
Must be a congregation of the South Wisconsi	n District LCMS		
PASTOR WHO WILL BE WRITING ENDOR	SEMENT LETTER		
YOUR MARITAL STATUS	HUSBAND'S NAM	Ξ	
GROSS ANNUAL INCOME AS STATED ON	I THE PRIOR YEAR'S TAX	RETURN:	
under \$40,000; \$40,000 to 60,000; over \$100,000	; \$60,000 to 80,000; \${	30,000 to 100,000	;
THE APPLICANT'S GROSS ANNUAL INCO	DME (including summer emp	bloyment)	
NUMBER OF YOUR DEPENDENTS:			
NAME & ADDRESS OF UNDERGRADUAT	E UNIVERSITY:		
YEAR GRADUATED:			
NAME & CITY OF UNIVERSITY NEXT FAL	L:		
DEGREE PURSUING:			
PROJECTED DATE OF GRADUATION:			
	Signature		

By signing this application, you grant permission to LWML and/or agents authorized by them to use any photographs for the purpose related to the awarding of this scholarship.

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, <u>ALL</u> OF THE FOLLOWING INFORMATION MUST BE INCLUDED AND EMAILED OR POSTMARKED BY <u>MAY 1, 2025</u>.

THE LOVE OF CHRIST COMMITTEE STRONGLY SUGGESTS ALL ITEMS EXCEPT YOUR PASTOR'S ENDORSEMENT LETTER BE INCLUDED IN YOUR PACKET. PLEASE ATTACH A NOTE INDICATING IF ANY ITEMS WILL BE EMAILED OR MAILED SEPARATELY:

- 1. Personal statement of future plans.
- 2. List of church-related activities in which you have participated (past and present)
- 3. Recent digital photo of applicant. The photo must be a headshot (elbows and up work best) with a simple background suitable for publishing in either jpeg or png format with at least 300 dpi. If using your phone, please use portrait mode and send the actual size.
- 4. Most recent **OFFICIAL** transcript of high school or college grades, college grade point average.
- 5. Personal statement of financial need.
- 6. Letter of endorsement from a home congregation member other than your pastor (include with your completed application).
- 7. Letter of endorsement from someone outside of your church (include with your completed application).
- 8. Letter of endorsement from your pastor describing your character and ability, which should be sent directly to the Love of Christ Committee.

All above items must be emailed or postmarked by May 1, 2025 or the application cannot be considered.

RETURN THIS FORM WITH ATTACHMENTS TO:

DISTRICT PRESIDENT LWML -SWD Cinda Poppe 4820 County Rd. P Highland, Wisconsin 53543 president@lwml-swd.org

APPLICATIONS MUST BE EMAILED OR POSTMARKED NO LATER THAN MAY 1, 2025