

**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 <b><i>One</i></b> event to be considered for <b><i>this</i></b> Scholarship: ( <b><i>A NEW form must be sent for each event.</i></b> )		
<b><u>FALL RETREAT</u></b> <b>OR</b> <b><u>WINTER GETAWAY RETREAT</u></b> <b>OR</b> <b><u>DISTRICT CONVENTION</u></b>		
(*Up to 10-\$100 scholarships awarded per year per retreat)	(*up to 30-\$100 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.

<b><u>VALIDATION OF NEED:</u></b>		
Signature of one individual listed below _____		Date signed _____
<b><u>Please circle the individual signing:</u></b>		
◆ Congregational Pastor	◆ Society President	◆ Zone President
◆ LWML SWD Officer or Committee Chairman (please specify)		

SIGNATURE OF APPLICANT: _____	<i>Date signed</i> _____
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**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:

<b><u>FALL RETREAT</u></b>	<b>OR</b>	<b><u>WINTER GETAWAY RETREAT</u></b>	<b>OR</b>	<b><u>DISTRICT CONVENTION</u></b>
<i>(*There are a limited number of scholarships that may be awarded per year per event)</i>				
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.

<b>AGE OF APPLICANT:</b> <i>(please circle one)</i>						
Under 18	18-24	25-34	35-49	50-64	65-74	75 +

<i>Please circle the individual signing on page 1:</i>		
◆ 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