

LUTHERAN WOMEN'S MISSIONARY LEAGUE  
Texas District

ELIGIBILITY AND REQUIREMENTS OF SCHOLARSHIP APPLICANTS

1. Female applicants who are communicant members of a congregation of the Texas District of The Lutheran Church – Missouri Synod shall be eligible for consideration for this scholarship.
2. Applicant must be a full-time student (taking a minimum of 12 hours) enrolled or planning to be enrolled in an institution of higher learning recognized by The Lutheran Church – Missouri Synod, in a course of study leading to full-time professional church work in The Lutheran Church – Missouri Synod. This scholarship is intended for undergraduate studies. No scholarships will be awarded for graduate students.
3. Applicant must be in good academic and disciplinary standing when making application and continue so during the duration of scholarship term.
4. Scholarships shall be awarded on the applicant's overall aptitude for professional church work with consideration given to financial need.
5. The application for this scholarship shall require a confidential report from the applicant's pastor describing her character, ability, and financial need. 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 pastor shall submit the report. This confidential report must be SENT DIRECTLY to the scholarship committee.
6. All applications must be sent to the Lutheran Women's Missionary League Texas District, Scholarship Committee by March 31st 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 POSTMARKED BY MARCH 31 OR THE APPLICATION WILL NOT BE CONSIDERED.**
7. No scholarship shall be awarded by the committee unless the school of the applicant shall have first approved her enrollment.
8. Any exceptions to these requirements shall be dealt with by the scholarship committee on a case by case basis.
9. The scholarship amount will be divided between semesters in a school term and will be sent directly to the recipient's college. Receiving funds for subsequent semester will be contingent upon satisfactory completion of previous semester.

**2019-2020  
LUTHERAN WOMEN'S MISSIONARY LEAGUE TEXAS DISTRICT  
SCHOLARSHIP APPLICATION**

*Please type or print using black Ink*

DATE OF APPLICATION \_\_\_\_\_

NAME (Last, First, Middle Initial) \_\_\_\_\_

PERMANENT ADDRESS (not college) \_\_\_\_\_  
Street City Zip

TELEPHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ (mo/day/year)

HOME CONGREGATION \_\_\_\_\_ CITY \_\_\_\_\_

Must be a congregation of the Texas District LCMS

PASTOR WHO WILL BE WRITING ENDORSEMENT LETTER \_\_\_\_\_

YOUR MARITAL STATUS \_\_\_\_\_ PARENTS' MARITAL STATUS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

FAMILY GROSS ANNUAL INCOME:  under \$40,000  \$40,000 to 60,000  \$60,000 to 80,000  
 \$80,000 to 100,000  over \$100,000

YOUR PERSONAL GROSS ANNUAL INCOME (including summer employment) \_\_\_\_\_

NUMBER OF DEPENDENTS YOUR PARENTS CLAIM \_\_\_\_\_

NAME & ADDRESS OF HIGH SCHOOL \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_

NAME & CITY OF UNIVERSITY NEXT FALL \_\_\_\_\_

DEGREE PURSUING \_\_\_\_\_ COLLEGE CLASSIFICATION NEXT FALL \_\_\_\_\_

PROJECTED DATE OF COLLEGE 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, ALL OF THE FOLLOWING INFORMATION MUST BE INCLUDED AND POSTMARKED BY MARCH 31<sup>st</sup>, 2019.**

**PLEASE ATTACH A NOTE INDICATING WHICH ITEMS WILL BE MAILED SEPARATELY:**

1. Personal statement of future plans
2. List of extra-curricular activities and honors received in high school and college
3. List of church-related activities in which you have participated (past and present)
4. Recent digital photo of applicant (jpeg file as close to 1 megabyte as possible) suitable for publishing if selected
5. Most recent **OFFICIAL** transcript of high school or college grades, college grade point average
6. List of all scholarships and grants, from whom & dollar amount (what you have received in the past, listed by year, and what you anticipate receiving)
7. Personal statement of financial need from parent(s)
8. Letter of endorsement from home congregation member or members other than your Pastor
9. Letter of endorsement from someone outside of your church
10. A letter of endorsement from your pastor describing your character, ability and financial need  
This should be sent directly to the Scholarship Committee.

**All above items must be postmarked by March 31<sup>st</sup>, or the application cannot be considered.**

**RETURN THIS FORM WITH ATTACHMENTS TO:**

LWML Texas District Scholarship Committee  
Marlene White, Chairman  
5004 FM 205  
Stephenville, TX 76401

Phone: 254-965-2049

Email: [wjmmwhite@embarqmail.com](mailto:wjmmwhite@embarqmail.com)

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 31<sup>st</sup>**