

LWML Rocky Mountain District Scholarship Application

DATE OF APPLICATION: _____

NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

STUDENT ADDRESS
AT UNIVERSITY: _____

TELEPHONE: _____ MARITAL STATUS: _____

HOME CHURCH: _____

CHURCH ADDRESS: _____

LIST ACTIVITIES PARTICIPATED IN
DURING LAST YEAR OF SCHOOL: _____

APPLICANT INTENDS TO BECOME:

PASTOR	TEACHER	PARISH WORKER
DEACONESS	DCE	SOCIAL WORKER IN THE LCMS

SCHOOL CURRENTLY ATTENDING: _____

SYNODICAL UNIVERSITY/SEMINARY APPLICANT WILL ATTEND: _____

YEAR OF COLLEGE CURRENTLY ENTERING: 1ST 2ND 3RD 4TH 5TH OTHER

PERSONAL REMARKS: Submit a typed essay of not more than one page on a separate sheet of paper. This essay should include (1) future goals (2) motivation for selecting your ministry (3) need for scholarship (4) expression of your personal faith. Be sure to include your name on the sheet.

PASTOR'S EVALUATION: Have the pastor of your home congregation submit to the scholarship chairman, the pastor's evaluation form. (If your father is your pastor, have a member or officer of the congregation member complete the form. If the pastor is new and does not know you personally, please have the previous pastor of your congregation fill in the form, if he is available.)

PERSONAL REFERENCE: Have an employer or adult family friend submit the personal reference form to the committee chairman. (This cannot be filled out by a relative.)



Rocky Mountain
District

COMPLETE ONLY IF MARRIED

SPOUSE'S NAME: _____

SPOUSE'S OCCUPATION: _____

IF CHILDREN, LIST AGES: _____

COMPLETE ONLY IF SINGLE

NAME OF PARENTS: _____

PARENTS' ADDRESS: _____

FATHER'S OCCUPATION: _____

MOTHER'S OCCUPATION: _____

AGES OF SIBLINGS LIVING AT HOME: _____	NUMBER OF SIBLINGS ATTENDING COLLEGE: _____
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FAMILY ANNUAL INCOME	UNDER \$10,000	\$20,000–\$30,000	\$40,000–\$50,000
	\$10,000–\$20,000	\$30,000–\$40,000	OVER \$50,000

ANTICIPATED FAMILY CONTRIBUTION: _____

APPLICANT'S PRESENT EMPLOYMENT: _____

APPLICANT'S ANNUAL INCOME: _____

LIST ANY ANTICIPATED FINANCIAL AID
SUCH AS SCHOLARSHIPS, GRANTS,
WORKSTUDY, LOANS, ETC. (AND
AMOUNT IF KNOWN) _____

The following information must be included with this application:

1. Completed Application
2. Transcripts of high school or college, as appropriate.
3. Personal Essay

(Please check with Pastor/personal references to confirm they have sent forms to the committee chairman)

SEND COMPLETED APPLICATION TO: Sue Frauenfeld
LWML RMD Scholarship Committee Chairman
8320 Ralph Lane Denver, CO 80221
sjbf321@msn.com

Applications must be postmarked no later than June 1, 2025.

Applicant's Signature

Date

Personal Essay for Scholarship

NAME: _____ DATE OF APPLICATION: _____

This essay should include (1) future goals (2) motivation for selecting your ministry (3) need for scholarship (4) expression of your personal faith.