

# 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 of current year.

*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.