



2025-2026
FLORIDA-GEORGIA DISTRICT AND LWML
SCHOLARSHIP INFORMATION

Send a copy of the completed application to the Scholarship Chairman
by **MAY 1** and **November 1** (FLGA District only)

Lois J. Ford, Chairperson

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WHO may apply?

The scholarships are available to active members of the FLGA District congregations who are preparing for full-time service in The LCMS attending one of its Concordia University System colleges or seminaries. LWML/FLGA District also awards a Kuiper scholarship to a mission-minded individual.

Applicants must have been a member of a congregation of the FLGA, SELC, or English District of The LCMS in the states of Florida or Georgia for eighteen (18) months prior to filing an application and be enrolled full-time in a rostered church worker program. An applicant may only receive a scholarship from one district.

Scholarships are awarded based on need, scholastic progress, and aptitude.

The LWML of the FLGA District scholarship funds are administrated by the Scholarship Committee and appointed by the Executive Board.

The FLGA District scholarship fund is administrated by the district Scholarship Committee appointed by The District President.

The FLGA District scholarship may be awarded for the fall, spring, and summer terms and for special programs (SMP, EIIT, etc.) that fit the guidelines.

LWML of the FLGA District scholarships are awarded for fall terms and are dependent upon maintaining a 3.0 GPA.

Scholarships will be given in two installments, half at the beginning and half at the mid-point of the school year. ***The LWML of the FLGA District requires the submission of a transcript copy at the mid-point of the school year.***

Applications for scholarships must be made on the form provided, completed, and in the hands of the Committee Chairman by the deadline of MAY 1st

Students who are qualified and desire a scholarship another year **must re-apply each year.**

A completed application must include:

Submit EACH year:

1. A **recent photo** suitable for publication. Digital photos are preferred.
2. A **transcript** from the school last attended. **LWML/FLGA District requires a copy of your transcripts at the end of each term (a GPA of 3.0 is required)**
3. Projected completion date/ graduation.
4. Any contact change; address, email, etc.

New students only:

5. Three (3) current letters of recommendation as noted on the application.
6. A statement of financial need from a dependent student's parents.
OR - A personal statement of financial need from independent students.
7. A signed letter outlining the applicant's:
 - a. vocational calling,
 - b. educational goals,
 - c. previously attended schools and degrees awarded,
 - d. activities, and
 - e. plans for educational financing.
8. A completed District Financial Aid Application obtained from the college or seminary's financial aid office. Fill out "Section I: Student." **Ask the financial aid officer** to fill out "Section II: College or Seminary" and **forward it to the Scholarship Chairman.**

*Completed application packets must be in the hands of the Scholarship Chairman by the **May 1** deadline for the fall term. Do NOT send it by registered mail. An E-mail submission is preferred. The committee will be unable to consider incomplete or late applications.*

Additional sources of financial assistance: your parents, your parents' congregation, and your home or vicarage congregation. *Requests may be made through the Pastor of your congregation.*

**FLORIDA-GEORGIA DISTRICT AND LWML
SCHOLARSHIP APPLICATION
2025-2026**

Return the completed application packet by **MAY 1** or **November 12**.
TYPE OR PRINT legibly!

Applicant's Full Name:

Home street address:

City/State/Zip:

E-Mail: _____

Date of Birth: ____/____/____ **Married/Single:** _____

Name of wife and children and children's ages, if applicable:

Home congregation, full address, and Pastor's name:

I have been a member of The LCMS FLGA District for _____ **years.**

Attending which Concordia Seminary/University, City _____ **State** _____

I am attending in person or virtually _____

Class Level applying for: (choose one) Fr. So. Jr. Sr.; Sem I II III IV Vicar
Other (explain) _____

DEGREE program for which I am preparing and expected graduation date:

On a separate sheet outline:

- A. Your basis for choosing this career.
- B. Your educational plans and goals.
- C. Previously attended schools and degrees granted.
- D. Your extracurricular activities, past and present.
- E. How are you assisting in financing your education?

Three letters of recommendation are required for first-time applicants:

*Email these letters directly to the Chairman.

- 1. The Pastor of the applicant's home congregation affirming church membership and recommendation for scholarship.
- 2. The student's previous school's principal, administrator, or other authorized person. Second career students – from your immediate supervisor at work.
- 3. A mature, responsible person other than the Pastor, a relative, employer, or school representative. State in what capacity the writer knows the applicant.

Financial Details

DEPENDENT STUDENT

Father's Name

Occupation

Income

Mother's Name

Occupation

Income

Number of individuals supported by these two incomes _____ Number in college _____

Names and grade levels of siblings _____

INDEPENDENT STUDENT

Occupation

Income

Spouse's Name

Occupation

Income

How many years have you received aid from these scholarship programs? _____
FLGA District and/or LWML of the FLGA District

Have you received scholarships from any other districts? If so, where? _____

Total amount of student loans taken out to date: \$ _____

List the institution's estimated cost of your education for the current year.

Tuition _____

Room & Board _____

Books _____

Supplies _____

Transportation _____

Other Expenses _____

TOTAL EXPENSES \$ _____

List the applicant's estimated support and income.

Applicant's earnings _____

Spouse's earnings _____

Support from your home congregation _____

Support from friends, relatives, etc. _____

Scholarships, grants confirmed for the year _____

TOTAL PRESENTLY AVAILABLE \$ _____

Scholarships, grants, and other support pending – TOTAL AMOUNT \$ _____

Acknowledgments:

I understand and agree that this application is for the anticipated year only. Applicants must complete an application each year. Please note the starred items for succeeding years. In submitting this application, I give the FL-GA District and LWML FL-GA District permission to use my information in God-pleasing ways.

To the best of my knowledge, the above statements are full, complete, and true.

Dependent Student's Signature

Dependent Student Parent's Signature

Independent Student's Signature

Independent Student Spouse's Signature

Date____/____/____

**NOTIFY THE SCHOLARSHIP CHAIRMEN IF THERE ARE ANY CHANGES
TO THIS INFORMATION.**