Dear Applicant,

Below you will find information that is pertinent to applying for a scholarship from the Indiana District LWML Scholarship Fund.

- 1) APPLICATION FORM
- 2) HOME PASTOR'S LETTER OF RECOMMENDATION
- 3) LETTER FROM ACADEMIC ADVISOR THAT INCLUDES STUDENT'S GPA & COLLEGE ACTIVITIES
- 4) PERSONAL LETTER FROM APPLICANT BRIEFLY EXPLAINING THEIR BACKGROUND AND GOALS.

Please complete the **Application Form** and return this with the **Letter of Recommendation** from your home pastor, **Report of Academic Potential and Achievement**, including grade point average, completed by an authorized representative of the last school you attended and the **Personal Letter from the Applicant**.

It is important to **submit these four items together** to prevent any application from being incomplete due to misplaced or lost information.

Submit completed application and supporting documents which must be postmarked no later than Tuesday, March 11th 2025 or emailed by Saturday March 15th to:

Renee South 1595 Wayne Street Noblesville, IN 46060

Email address: south87@sbcglobal.net

All applicants will be notified by June 2025 whether they will be receiving a scholarship for the 2024 fall school term.

Thank you for your interest in the Indiana District LWML Scholarship Fund. Please remember the LWML and this fund in your prayers.

Yours in Christ.

Renee South 2025 Scholarship Chairman

LUTHERAN WOMEN'S MISSIONARY LEAGUE INDIANA DISTRICT SCHOLARSHIP REGULATIONS

- 1. By Indiana District LWML Resolution, each scholarship to be allotted shall be in the amount of at least \$750.00.
- 2. Moneys for support shall be sent directly to the student.
- 3. Students who are supported are expected to lead a Christian life and to be faithful in the pursuit of their studies.
- 4. Students who discontinue their studies are expected to inform the Scholarship Committee Chairman of their action as soon as possible.

ELIGIBILITY FOR SCHOLARSHIP

- 1. Applicant must be a communicant member of a congregation of the Lutheran Church Missouri Synod in the Indiana District for at least eighteen months prior to filing an application.
- 2. Only such students shall receive scholarships that are preparing to be servants of the church on a full-time basis (ministry, teaching, parish work, DCE, Deaconess, etc.)
- 3. Only students enrolling in an LCMS synodical school that will prepare them to be servants of the church on a full-time basis shall receive a scholarship.
- 4. Student shall have demonstrated a good scholastic aptitude in their previous school.

APPLICATION FOR SCHOLARSHIP

- 1. Each student desiring a scholarship shall make an ANNUAL application.
- 2. Applications are issued for a period of one year only. If future support is desired, a new application must be made. Requests for application forms shall be made by **March 11** and completed application forms shall be received by the Scholarship Chairman, postmarked no later than **March 11th, 2025** or emailed no later than **March 15th, 2025**, for consideration for the following Fall term. Send completed form to:

Renee South 1595 Wayne Street Noblesville, IN 46060

Email address: south87@sbcglobal.net Cell Phone #: 317-748-6450

3. No application shall be considered unless the school of the prospective student has approved his/her enrollment.

| | APPLICATION FOR MEMORIAL SCHOLARSHIPPLEASE PRINT | |
|-----------------|--|--|
| Name of Applica | ant Age | |

| Address of Applicant | City | Zip |
|--|--|---|
| Home Phone No. () | Date of Birth | |
| Name of Parents | | |
| Address of Parents | | |
| Phone No. of Parents () | Student E-mail Addr | ess |
| Occupation of Parents | | |
| No. of Other Dependents of Parents | | |
| Is Applicant (Check One) () Married () Divo | orced () Single () Engaged | i |
| No. and Ages of Dependents of Applicant _ | | |
| If married, is spouse working or planning to | work? | |
| Home Church and Address | | |
| Pastor of Home Church | | |
| Length of time applicant has been a commu Missouri Synod in the Indiana District | | |
| Applicant intends to become a () Pastor () | Teacher () Deaconess () | DCE () Other in the LCMS. |
| If other, please state | | |
| Which LCMS Education Institution (College attending? | | |
| Has the applicant been accepted for enrolln | nent? What Class Lo | evel is applicant entering? |
| Has applied for LWML Scholarship before_ | Have received LWML | . Scholarshipyear? |
| IMPORTANT: A Letter of Recommendation authorized Administrator of the last school achievement (transcript of grades NOT reapplicant's Grade Point Average. Include | ool attended concerning a equired). However, it is in | academic potential and nportant that we receive |

7in

applicant briefly explaining their background and goals. * The completed application with all documents must be POSTMARKED NO LATER THAN MARCH 11th, 2025 or EMAILED NO LATER THAN March 15th, 2025.

^{* 2}nd career students entering a Seminary I program may waive "Last school attended" requirements.

^{*} If applicant has any special circumstances, please explain on other side of this page.