



Lutheran Women's Missionary League MINNESOTA NORTH DISTRICT

SCHOLARSHIP APPLICATION FORM

2024 – 2025 Academic Year

APPLICATION GUIDELINES: Each applicant must: be preparing for full-time church work in the LCMS; be a resident of the MN North District and a member of a Missouri Synod congregation; be enrolled in an LCMS affiliated university or seminary.

INSTRUCTIONS: Type or print clearly. Use **(N/A)** if not applicable. The application, photo and all three references must be returned to the Scholarships Chairman before **May 15th**. Scholarship awards will be announced by the third week of July. Scholarships monies are sent directly to the educational institution; first half in July and the remaining balance in January.

PERSONAL INFORMATION

Name _____
Last First M. I.

Mailing Address _____
_____ State _____ Zip _____

Phone _____ Email _____

Age _____ ☐ Female ☐ Male (status) ☐ Single ☐ Engaged ☐ Married

LCMS Minnesota North Home Congregation: _____

Church Address _____
_____ State _____ Zip _____

EDUCATION INFORMATION

Which Concordia University/Collage or Seminary will you be attending? _____

Are you a first year student? (circle) yes no

Is it your intent to enter full-time church work for The Lutheran Church—Missouri Synod?
(circle) yes no

If so, what is your intended major? _____

Cumulative GPA: *(If you have completed or are already attending college.)* _____

To the best of your knowledge, when do you expect to complete your education?

(Mark dates for all that apply to your vocation.)

Year of College Completion: _____ Year of Vicarage: _____

Year of Diaconess Call: _____ Year of Seminary Call: _____

Have you received scholarships from the LWML in the past? (circle) yes no

Have you received scholarships from the Minnesota North District LCMS? (circle) yes no

COLLEGE STUDENTS

Name of Parents/Guardians

Phone Number

Occupation

_____	_____	_____
_____	_____	_____
_____	_____	_____

How many siblings are older than you? _____ Younger than you? _____

Are there any imposed physical limitations or special situations which make your family unique and would impact your school finances? Please explain. _____

What are your summer plans? _____

SEMINARY STUDENTS

College degree from: _____

List any career experience (professional or non-professional) before entering Seminary:

List ages of dependents: (family members) _____

Your congregation membership while attending Seminary: _____

REQUIRED ESSAY (400–500 Words)

These essay questions give us an opportunity to learn more about you and the activities that have inspired your vocational choice. Please write an essay of no more than 400-500 words that includes the following questions.

- 1) Who is Jesus and how does He still come and care for you?
- 2) How do you think the LWML Scholarship opportunity will continue in your life and career choices?

REFERENCES

Please list three references on the form below (names of two people not related to you and your pastor). Give them the reference forms included in this application packet. Completed forms are to be sent to Teresa Klatt, LWML MN North District Scholarships Chairman by May 15th.

Reference # 1

Address _____

Phone _____

Email _____

State _____

Zip _____

Reference # 2

Address _____

Phone _____

Email _____

State _____

Zip _____

Pastor's Reference

Address _____

Phone _____

Email _____

State _____

Zip _____

RELEASE: Please enclose a photo with your application and answer the following questions:

Do we have permission to use your photo for LWML publication and recognition purposes?

If so, initial here: yes _____

(or circle)

no

Do we have permission to use your essay, in parts or whole, for LWML correspondence and publication purposes?

If so, initial here: yes _____

(or circle)

no

May we include your name?

(circle)

yes

no

Final Instructions: To be considered to receive a scholarship for the upcoming academic year, you must fill in all information on these forms. Three (3) personal references are required and should be sent directly to Teresa Klatt, Scholarships Chairman. Application acceptance will be determined solely by the information gathered from this form. Photos and essay quotes will only be used in publications if you have signed the above releases. Applications are accepted from January through May 15th of current year.

I have prayerfully provided true and accurate information.

Applicant's Signature _____

Date _____

MAIL THIS FORM DIRECTLY TO:

Teresa Klatt, Scholarships Chairman
LWML MN North District
1746 30th St. NW
Holloway, MN 56249-1126

Questions about this form?

If you have any question please contact
Teresa Klatt at:

(320) 394-2289

scholarships@lwmlmnn.org

NON-RELATIVE REFERENCE # 1

2024 – 2025 Academic Year
LWML MN North Scholarship Application

Applicant's Name _____

Minnesota Address _____

_____ State _____ Zip _____

*The applicant listed above has applied for a scholarship from the LWML
MN North District and has given your name as a reference.*

How long have you known this student _____

What is your relationship to the student? (i.e. teacher, friend, etc.) _____

Does he/she take part in or lead any activities in the church that would enhance their career
choice? Give example. _____

Do you think he/she has the talents needed for this career choice? Why? _____

Would you recommend that he/she receive a scholarship? (circle) yes no

Comments: _____

Use the back of this page if you have any additional comments or observations on the above named student.

Signature _____ Date _____

Address _____ Phone () _____

_____ Email _____

State _____ Zip _____

Please give this form your
immediate attention. Complete
and return by **May 15th**.

MAIL THIS FORM DIRECTLY TO:

Teresa Klatt, Scholarships Chairman
LWML MN North District
1746 30th St. NW
Holloway, MN 56249-1126

NON-RELATIVE REFERENCE # 2

2024 – 2025 Academic Year
LWML MN North Scholarship Application

Applicant's Name _____

Minnesota Address _____

_____ State _____ Zip _____

*The applicant listed above has applied for a scholarship from the LWML
MN North District and has given your name as a reference.*

How long have you known this student _____

What relationship to student? (i.e. teacher, friend, etc.) _____

Does he/she take part in or lead any activities in the church that would enhance their career
choice? Give example. _____

Do you think he/she has the talents needed for this career choice? Why? _____

Would you recommend that he/she receive a scholarship? (circle) yes no

Comments: _____

Use the back of this page if you have any additional comments or observations on the above named student.

Signature _____ Date _____

Address _____ Phone () _____

_____ Email _____

State _____ Zip _____

Please give this form your
immediate attention. Complete
and return by **May 15th**.

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Holloway, MN 56249-1126

PASTOR'S REFERENCE

Applicant's Name _____

Minnesota Address _____

_____ State _____ Zip _____

The applicant listed above has applied for a scholarship from the LWML MN North District and has given your name as a reference. Your recommendation letter is required to have his/her application considered.

How long have you known this student? _____

By the activities of this applicant, does he/she show he/she would be a good candidate for a full time church worker? Is he/she worthy of this scholarship? Please make any comments or observations you may have about this applicant. _____

Use the back of this page if you have any additional comments or observations on the above named student.

Signature _____ Date _____

Address _____ Phone () _____

_____ Email _____

State _____ Zip _____

NOTE TO PASTOR: If you are the parent of the applicant or a new pastor of the congregation you may fill out the form yourself or choose one of the following options:

- 1) ask an associate pastor;
- 2) ask another pastor known to you; or
- 3) ask the previous pastor. In either option, those answering should have complete knowledge of the applicant.

Please give this form your immediate attention. Complete and return by **May 15th**.

If you have any questions about this application, contact Teresa at: (320) 394-2289 or scholarships@lwmlmnn.org

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