

# LUTHERAN WOMEN'S MISSIONARY LEAGUE - OREGON DISTRICT

*"We love because He first loved us" (1 John 4:19).*

## GUIDELINES FOR THE SPECIAL GIFTS FUND SCHOLARSHIP

### WHO MAY APPLY FOR AN LWML OREGON DISTRICT SCHOLARSHIP?

Active female members of congregations of the Northwest District of the Lutheran Church-Missouri Synod who live within the geographical boundary of the LWML Oregon District LWML and are preparing for or are currently employed in church work in the LCMS.

### HOW TO APPLY FOR AN LWML SCHOLARSHIP?

Complete the Scholarship Application Form which may be obtained from your society or zone president, Special Gift Fund Committee Chairman, or from the LWML Oregon District website. <https://www.lwmlor.org> Return the completed Application to the Special Gifts Fund Committee Chairman by **February 1, 2027**

LWML Oregon District Special Gifts Fund  
Priscilla Grieg, Chairman  
5109 NW Jetty Avenue  
Lincoln City, OR. 97367

### LWML OREGON DISTRICT SPECIAL GIFTS FUND SCHOLARSHIP POLICIES

Two reference letters are a part of the application process. (See the last two pages).

Please have references sent to Priscilla Greig, Special Gifts Fund Chairman.

- You may be interviewed by the Oregon District Special Gifts Fund Committee. If so, you will be contacted for an interview time and place.
- Financial need will be considered but will not be the exclusive criteria
- Recipients should understand that they are not going to remain anonymous. A picture may be published in the Oregon *Leaguer* to encourage our members to support each recipient in prayer and to be able to contact them on a regular basis.
- Scholarship monies will be forwarded to the school where the student is enrolled, to be applied to the student's account.
- A recipient is expected to lead a God-pleasing life and to be faithful in their studies.
- Students who discontinue their church work program or leave school prior to completion are asked to return scholarship funding.
- All applicants will be notified of results of scholarship selection(s).

**LUTHERAN WOMEN'S MISSIONARY LEAGUE**  
**OREGON DISTRICT SCHOLARSHIP APPLICATION**

Please PRINT all Information

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone or Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone (if applicable) \_\_\_\_\_ Birth Date \_\_\_\_\_

Married? \_\_\_\_\_ Spouse Name (if applicable) \_\_\_\_\_ Children (ages) \_\_\_\_\_

Home Congregation \_\_\_\_\_

Pastor's Name(s) \_\_\_\_\_

**SCHOOL INFORMATION**

College or University Attending \_\_\_\_\_

City/State \_\_\_\_\_ Year in School \_\_\_\_\_

Church Work Area: Early Childhood Education \_\_\_\_\_ Elementary / Secondary Education \_\_\_\_\_ DCE \_\_\_\_\_

DCO \_\_\_\_\_ Deaconess \_\_\_\_\_ Church Secretary \_\_\_\_\_ Church Musician \_\_\_\_\_ DCM \_\_\_\_\_

Other \_\_\_\_\_

**EXPERIENCE**

<b>SCHOOLS or COLLEGE</b>	<b>CITY, STATE</b>	<b>YEAR GRAD</b>	<b>ACTIVITIES IMPORTANT TO YOUR GOAL</b>

<b>CHURCH</b>	<b>CITY, STATE</b>	<b>ACTIVITIES IMPORTANT TO YOUR GOAL</b>

**TELL US ABOUT YOU**

What characteristics or leadership skills do you have that will help you in your chosen field?

Who or what led you to prepare for full-time church work?

Briefly describe your family and their influence in your faith formation.

What else would you like us to know about you?

Describe any pertinent information you would like considered, concerning your financial need.  
(Optional)

**I have read and agree to abide by the Guidelines of the LWML Oregon District Special Gifts Fund Scholarship for female Church Workers.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I further grant permission to the LWML Oregon District to use my photograph(s) in any LWML Oregon District Publication such as the LWML Oregon District *Leaguer*, the LWML Oregon District website and/or display boards at other LWML Oregon District events.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## SCHOLARSHIP APPLICATION - LETTER OF REFERENCE

Reference Letters may be completed by a Professor, Pastor or  
Church Representative

APPLICANT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME OR CELL PHONE \_\_\_\_\_ CHURCH WORK FIELD \_\_\_\_\_

The above-named applicant has applied for financial assistance from the LWML Oregon District. To help us evaluate the request, please take a few moments to complete the following. Information will be kept confidential. Please return by: **February 1, 2026** to: **LWML Oregon District Special Gifts Fund, Priscilla Grieg, Chairman, 5109 NW Jetty Avenue, Lincoln City, OR. 97367.** Please include your contact information. **Thank you.**

How long have you known this applicant?

What characteristics does this student demonstrate that would be an advantage to a church worker?

How does this applicant demonstrate her commitment to work in the church?

Why do you recommend this student for her chosen field?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Church or College/University \_\_\_\_\_

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