

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, 2026**.

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

SCHOOLS or COLLEGE	CITY, STATE	YEAR GRAD	ACTIVITIES IMPORTANT TO YOUR GOAL

CHURCH	CITY, STATE	ACTIVITIES IMPORTANT TO YOUR GOAL

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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