

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 OREGON DISTRICT LWML SCHOLARSHIP?

Active female members of congregations of the Northwest District of the Lutheran Church- Missouri Synod who live within the geographical boundary of the 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 Oregon District LWML website.

<https://www.lwmlor.org> Return the completed Application to the Special Gifts Fund Committee Chairman by **February 1, 20__**.

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

OREGON DISTRICT LWML SPECIAL GIFT FUND SCHOLARSHIP POLICIES

- 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 _____

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 Oregon District LWML Special Gifts Fund Scholarship for Female Church Workers.

Signed _____ Date _____

SCHOLARSHIP APPLICATION - LETTER OF REFERENCE

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

(Please note that two (2) letters of reference are required)

APPLICANT'S NAME _____

HOME ADDRESS _____

HOME OR CELL PHONE _____ CHURCH WORK FIELD _____

The above-named applicant has applied for financial assistance from the Oregon District LWML. 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, 20__** to: **Oregon District LWML, Special Gift Fund, Priscilla Grieg, Chairman, 5109 NW Jetty Avenue, Lincoln City, OR. 97367**
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?

Signed _____ Date _____

Church or College/University _____

SCHOLARSHIP APPLICATION - LETTER OF REFERENCE

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

(Please note that two (2) letters of reference are required)

APPLICANT'S NAME _____

HOME ADDRESS _____

HOME OR CELL PHONE _____ CHURCH WORK FIELD _____

The above-named applicant has applied for financial assistance from the Oregon District LWML. 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, 20__** to: **Oregon District LWML, Special Gift Fund, Priscilla Grieg, Chairman, 5109 NW Jetty Avenue, Lincoln City, OR. 97367**
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?

Signed _____ Date _____

Church or College/University _____