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

A. 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 <u>geographical boundary of the Oregon District LWML</u> and are preparing for, or are currently employed in, church work in the LCMS.

B. HOW TO APPLY FOR AN LWML SCHOLARSHIP.

Complete the Scholarship Application Form obtained from your society, zone president, Special Gift Fund Committee Chairman, or from the Oregon District LWML Website and return it to the LWML Special Gifts Fund Committee Chairman,

Donna Boyd 3801 NE 304th Court Camas, WA 98607

E-mail: wcb3801@comcast.net

Deadline for application submission: <u>September 15, 2016</u>

C. Oregon District LWML Special Gifts Fund Scholarship Policies

- 1. You *may* be interviewed by the Oregon District Special Gifts Fund Committee. If so, you will be contacted for an interview time and place.
- 2. Financial need will be considered but will not be the exclusive criteria.
- 3. Recipients should understand that they are not going to remain anonymous. A picture will be 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.
- 4. Scholarship monies will be forwarded to the school where the student is enrolled, to be applied to the student's account.
- 5. A recipient is expected to lead a God-pleasing life and to be faithful in their studies.
- 6. Students who discontinue their church work program or leave school prior to completion are asked to return scholarship funding.
- 7. All applicants will be notified of results of scholarship selection(s).
- 8. PLEASE SUBMIT TWO (2) PERSONAL REFERENCE LETTERS for the application. Letters may be e-mailed to Committee Chairman, Donna Boyd.

LUTHERAN WOMEN'S MISSIONARY LEAGUE - OREGON DISTRICT

SCHOLARSHIP APPLICATION

Please PRINT all information

I. PERSONAL INFORMAT	ION			
Name				
Home Address				
City		State	Zip	
Home Phone	E-N	lail Address		
Work Number (if applicable) _		Birth Date		
Married? Chi	ldren (ages)?			
Home Congregation (name /	city)			
Pastor's Name (s)				
II. SCHOOL INFORMATIO	N			
If awarded this scholarship, ir	ndicate how you pro	opose to use it.		
College / University				
Current grade level (if applica				
	·			
Church work area (circle):	Elementary / S	Secondary Education	DCE	DCO
	Deaconess	Other		

III. ADDITIONAL INFORMATION (Use additional page(s) as needed for answers)

1.	List church activities in which you have been involved.
2.	List specific leadership roles you have held.
3.	What characteristics do you believe you have that will help you in your chosen field?
4.	Who or what led you to prepare for church work?
5.	What else would you like us to know about you?
I have re	ead and agree to abide by the Guidelines of the Oregon District LWML Special Gifts Fund Scholarship ale Church Workers.
Signed .	Date

LUTHERAN WOMEN'S MISSIONARY LEAGUE - OREGON DISTRICT

SCHOLARSHIP APPLICATION - PERSONAL REFERENCE Submit Two (2) References

APPLICANT'S NAME
HOME ADDRESS
HOME TELEPHONE CHURCH WORK FIELD
DATE
The above-named student has applied for financial assistance from the Oregon District LWML. To help usevaluate this request, please take a few moments to complete the following. Information will be kept confidential. Please return within ten (10) days to: LWML Special Gifts Fund Committee Chairman Donna Boyd 3801 NE 304th Court Camas, WA 98607 E-mail: wcb3801@comcast.net
How long have you know this applicant?
2. What characteristics does this student demonstrate that would be an advantage to a church worker?
3. How does this applicant show her commitment to work in the church?
4. Why do you recommend this student for her chosen field?
5. Any additional comments?
Signed Date Title