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 Coleen Gurske, Acting Chairman 837 NE Donelson Rd. Hillsboro OR. 97124

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 applicab	le)	Birth Date		
Married?Spouse	Name (if applicable)	Chi	ldren (ages)	
Home Congregation				
Pastor's Name(s)				
	<u> SCHO</u>	OOL INFORMATIO	<u>N</u>	
College or University At	tending			
City/State	Year in	School		
Church Work Area: Earl DCO Deaconess				DCE

EXPERIENCE

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

TELL US ABOUT YOU

What characteristics or leadership skills do you see that 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 kno	ow about you?	
Describe any pertinent informatio (Optional)	n you would like considered, o	concerning your financial need.
I have read and agree to abide by th Scholarship for Female Church Work	_	rict LWML Special Gifts Fund
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 PHONECHURCH 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, Coleen Gurske, Acting Chairman, 837 NE Donelson Rd. Hillsboro, OR. 97124 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?
SignedDate
Church or College/University

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