APPLICATION FOR SCHOLARSHIP

LWML Southern Illinois District

All applicants must complete this questionnaire as accurately as possible.
Please type or print using black ink.

For which scholarship are you applying?

___ Student Assistance (Deaconess, Teacher, Director of Christian Education, Pre-Seminary)
___Seminary Student Scholarship (Pastors)

Applicant's Name _____ Age _____

Home address _____ Phone _____

_____ Email _____

College address_____

_____

Single _____ Married ____ Spouse's name _____

Do you have children? ____ Ages of children _____

Home Church _____ Pastor's name _____

Church address_____ Church Phone _____

_____

Church Activities

_____

_____

New Applicant ____ Re-Applicant _____ Date of Application _____

Application for scholarship beginning _____ ,20__ __ and ending _____, 20 __ __
(month) (year) (month) (year)

at _____ college/seminary at _____
(name) (select one) (city, state, zip)

Career goal _____ Degree being pursued _____

Target date _____

(Pastor, Deaconess, Teacher, Director of Christian Education, Pre-Seminary)

In what class will you be enrolled during the term of this scholarship (1st yr., 2nd yr, etc.)_____

____ I am **presently enrolled** ___ I am **officially accepted**

Are you presently employed in full time church ministry? _____

What position? _____

Previous Schooling

College/School _____ Degree Received _____
Date Received _____

Address _____
Grade Pt._____

Present Schooling

College _____ Degree Expected_____
Date Expected _____

Address _____Grade Pt. _____

Financial Information

Are you currently employed Full-time? _____ Part time? _____
Yearly salary? _____

Do you have summer employment? _____ Approximate summer wages $ _____

Is your spouse in school? _____ What year? _____
How is your spouse's schooling financed? _____
Is your spouse working? _____ Spouse's yearly salary? $_____

Do you have any savings? ____Amount saved $_____

Approximate yearly financial support from Parents? $_____ College? $_____
Home Congregation? $ _____ Grants and Loans? $_____
Scholarships? (list and give amounts) $_____
_____
Others? (list and give amounts) $_____

Total debt for your education up to this time? $_____

Total anticipated costs for the school year – Include tuition, room, board, books, etc.
$_____

If a scholarship is granted, the undersigned consents to be identified by name and/or picture in reporting materials provided for participants at LWML SID Conventions and in other LWML SID publications.

_____ _____
Applicant Signature Date

All applications must be postmarked by March 15, 2027 to be considered for a 2027-2028 scholarship grant.

If the committee does not have all the above applicable information, your application will not be considered.

***Please NOTE: The amount of the scholarship may vary from year to year due to the amount of Alleluia Card gifts, how many applications are submitted, whether the Endowment fund is up-to-date on the principal amount, and if there is any interest available.

Please return this form to the LWML Southern Illinois District VP for Gospel Outreach:

Mail to: or email to: outreach@sidlwml.org

Kathy Nagel
SID VP of Gospel Outreach
8907 South Prairie Rd.
Evansville, IL 62242

You will be notified by June 30, 2027 about whether you will or will not receive a scholarship.

SERVE THE LORD WITH GLADNESS

Form revised – September 2026