LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Guidelines
2018/2019 Academic Year

Five $3,000 scholarships will be awarded each year to Lutheran students pursuing undergraduate degrees in any academic area that will prepare them to serve and support people with intellectual and developmental disabilities.

ELIGIBILITY CRITERIA

1. Be an active, communicant member of a Lutheran congregation
2. Be classified as a freshman, sophomore or junior at an accredited 4 year college or university
3. Have a minimum overall GPA of 3.0 on a 4.0 scale
4. Have a career objective in the field of intellectual and developmental disabilities

APPLICATION REQUIREMENTS

1. Completed application form.
2. Documentation of 100 hours of service to people with intellectual and/or developmental disabilities, volunteer or paid. Service must be completed within the past two years.
3. A 250-300 word essay on how the intended academic course of study will support their career in the field of intellectual and/or developmental disabilities.
4. Four letters of recommendation (pastor, professor/teacher and two unrelated others).
5. An official college/university transcript(s).

Optional: Any other material that will assist the committee to better know the applicant.

Send the completed application package in an envelope marked Confidential to:

Bethesda Lutheran Communities
Attn: Barb Schultz
600 Hoffmann Dr.
Watertown, WI 53094

Questions: Contact Barb Schultz at: 920-206-4427; 800-369-4636, ext. 4427
or barb.schultz@mailblc.org

DEADLINE: Applications must be postmarked on or before Friday, May 19, 2018. The scholarship committee will review all applications and awards will be announced by July 1, 2018.
BETHESDA LUTHERAN COMMUNITIES AUXILIARY
Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Application
2018/2019 Academic Year

DEADLINE: Application must be postmarked on or before Friday, May 19, 2018.

Name ____________________________________________________________

Home Address ____________________________________________________

City ____________________________ State ______ ZIP ____________________

Phone contact: Landline ___________________________ and/or Mobile ________________________________

Email (print carefully) _____________________________________________

Home Church ______________________________________________________

Synod: LCMS_______ WELS_______ ELCA_______ ELS_______ NALC_______ LCMC_______

Pastor(s) ___________________________ Telephone __________________________

Church Address ____________________________________________________

City ____________________________ State ______ ZIP ____________________

High School __________________________ City ______________ State ______

Graduation Date __________

COLLEGE/UNIVERSITY – CURRENT

Name ________________________________ City __________________________ State ______

Current Status: Freshman ____ Sophomore ____ Junior ____

Expected Date of Graduation _______ Major ________________________________

COLLEGE/UNIVERSITY – PREVIOUS

Name ________________________________ City __________________________ State ______

Dates Attended: from _______ to _______ Major ________________________________

COLLEGE/UNIVERSITY – PREVIOUS

Name ________________________________ City __________________________ State ______

Dates Attended: from _______ to _______ Major ________________________________
## EMPLOYMENT HISTORY

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VOLUNTEER HISTORY

Company/Org. __________________________________________ Telephone __________________

Address _________________________________________________________________________________

City _____________________________________________ State _____ ZIP ______

Duties: _________________________________________________________________________________

Dates: from _______ to _______ (month/year required) Hours: ______________________

Company/Org. __________________________________________ Telephone __________________

Address _________________________________________________________________________________

City _____________________________________________ State _____ ZIP ______

Duties: _________________________________________________________________________________

Dates: from _______ to _______ (month/year required) Hours: ______________________

Company/Org. __________________________________________ Telephone __________________

Address _________________________________________________________________________________

City _____________________________________________ State _____ ZIP ______

Duties: _________________________________________________________________________________

Dates: from _______ to _______ (month/year required) Hours: ______________________

Company/Org. __________________________________________ Telephone __________________

Address _________________________________________________________________________________

City _____________________________________________ State _____ ZIP ______

Duties: _________________________________________________________________________________

Dates: from _______ to _______ (month/year required) Hours: ______________________
How did you learn about this scholarship?

☐ Financial Aid Office  ☐ Pastor/Church  ☐ Parent

☐ Internet  ☐ Bethesda publication

☐ Other ____________________________________________________________

To the best of my knowledge, the information I have submitted is true and correct as of the date of this application, and the essay submitted is my own original work. I understand it may be necessary for Bethesda Lutheran Communities to contact my schools, employers, and other persons to confirm and/or discuss any information comprising my application, and I hereby consent to disclosure of any such information and waive any claims that may arise as a result of such disclosure. In consideration of the possible receipt of financial assistance from Bethesda, I grant Bethesda Lutheran Communities all rights to publication or use of materials submitted as part of my application, and forever release any claim to ownership of said materials.

___________________________________________________________________________

Applicant’s Signature ____________________________ Date __________________________

Checklist:

☐ Transcript  ☐ Career Essay

☐ Letters of Reference (4)  ☐ Documentation of 100+ hours of service

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Watertown, WI 53094

The application must be postmarked on or before Friday, May 19, 2018.

KKC
9/17