

BETHESDA LUTHERAN AUXILIARY
Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

Seminarian Guidelines
2018/2019 Academic Year

Five \$3,000 scholarship will be awarded each year to a Lutheran seminarian displaying interest in service to people with intellectual and/or developmental disabilities in a congregational setting.

ELIGIBILITY CRITERIA

1. Be an active, communicant member of a Lutheran congregation
2. Be a current college senior, accepted to begin seminary studies in the fall, or currently be classified as a first-year student or second-year student at any seminary affiliated with the WELS, LCMS, ELCA, ELS or NALC. Students going on to their internship/vicarage year do not qualify.
3. Have a commitment to inclusion of people with intellectual and/or developmental disabilities within the local parish

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 why this career choice in the field of intellectual and/or developmental disabilities has been chosen.
4. Four letters of recommendation (pastor, professor/teacher and two unrelated others).
5. An official transcript or letter indicating he/she is a student in good standing at his/her seminary.

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 announced by July 1, 2018.

Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

**Seminary 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 _____ Grad Year: _____

COLLEGE/UNIVERSITY

Name _____ City _____ State _____

Dates Attended: from _____ to _____ GPA _____ Degree Earned _____

For College Seniors Only

Accepted by Seminary: _____

To begin: _____ Date (Copy of acceptance letter must be attached)

SEMINARY - CURRENT

Name _____ City _____ State _____

Current Status: First Year _____ Second Year _____

EMPLOYMENT HISTORY

Company _____ Telephone _____

Supervisor's Name _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

Company _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

Company _____ Telephone _____

Supervisor's Name _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

Company _____ Telephone _____

Supervisor's Name _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

VOLUNTEER HISTORY

Company/Org. _____ Telephone _____

Contact Name: _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

Company/Org. _____ Telephone _____

Contact Name: _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

Company/Org. _____ Telephone _____

Contact Name: _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

Company/Org. _____ Telephone _____

Contact Name: _____

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
- Seminary Acceptance Letter (college seniors only)

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