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

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Duties: ___________________________  
Dates Employed: from _______ to _______  (month/year required)

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Duties: ___________________________  
Dates Employed: from _______ to _______  (month/year required)
### VOLUNTEER HISTORY

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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)

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

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

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