ALL BOXED AREAS ON BOTH PAGES MUST BE FILLED OUT

Page 1	SCHOLARSHIP APPLICATION FORM LWML SOUTH WISCONSIN DISTRICT	LWML SWD use only

NAME		
ADDRESS		
CITY	STAT	EZIP
PHONE	EMAIL	
CONGREGATION		ZONE
PASTOR'S NAME		PHONE
FALL RETREAT OR (*Up to 10-\$100 scholarships awarded) 000 scholarships awarded)	WINTER GETAWAY RE ed per year per retreat)	EW form must be sent for each event.) TREAT OR DISTRICT CONVENTION (*up to 30-\$75 scholarships awarded per convention) Received by deadline:
	December 1 st	
*Numbers are accurate as of Janu	ary 2016 but subject to chang	e per action of the LWML SWD Executive

Committee in response to fluctuating interest rates.

SIGNATURE OF APPLICANT:

VALIDATION OF NEED:			
Signature of one individual listed below		Date signed	
Please	circle the individual signing:		
♦Congregational Pastor	♦ Society President	♦Zone President	
00	er or Committee Chairman (ple	ase specify)	

<u>To ensure consideration for a scholarship, forms shall be received by these published</u> <u>deadlines. If additional scholarship money is still available, late applicants may be</u>

<u>considered:</u>

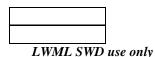
Date signed

Fall Retreat: August 1st the year of the Retreat Winter Getaway Retreat: December 1st the year preceding the Retreat District Convention: May 1st the year of the Convention

IMPORTANT: **PLEASE fill out both pages, filling out all boxes, including circling (both on pg 1 & 2) as requested.* **Have form signed in "Validation of Need" box and circle his/her position.*

PLEASE SEND IN YOUR REGISTRATION FORM WITH THIS APPLICATION!

The only people seeing page 1 will be the LWML SWD President and District Treasurer. The TLC Application Review Committee will see only page 2.



Circle <u>one</u> event to be considered for <u>this</u> Scholarship:				
FALL RETREAT O	R WINTER GETAWAY RETREAT	OR DISTRICT C	ONVENTION	
(*There are a limited number of scholarships that may be awarded per year per event)				
Received by deadline	Received by deadline:	Received by deadline:		
August 1 st	December 1 st	May 1 st		

*Numbers are accurate as of January 2016 but subject to change per action of the LWML SWD Executive Committee in response to fluctuating interest rates.

AGE OF APPLICANT:		(please circle one)					
Under 18	18-24	25-34	35-49	50-64	65-74	75 +	

 Please circle the individual signing on page 1:

 Congregational Pastor

 LWML SWD Officer or Committee Chairman (please specify)

Questions for consideration of Scholarship:

How will participation in this event affect your personal Spiritual life?

What factor(s) in your life situation make it necessary to apply for financial assistance? (I.e. major medical expenses; fixed income; educational bills, job loss, etc.)

IMPORTANT: To ensure consideration for a scholarship, forms shall be received by these published deadlines. If additional scholarship money is still available, late applicants may be considered:

Fall Retreat: August 1st the year of the Retreat Winter Getaway Retreat: December 1st the year preceding the Retreat District Convention: May 1st the year of the Convention

You will be notified of your acceptance or denial no later than 1 week before the early registration deadline of the event for which you are requesting assistance.

PLEASE SEND 2-PAGE COMPLETED FORM TO:

Barb Kaun, LWML SWD President 316 Thomas Court, Neenah, WI 54956