

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 _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

CONGREGATION _____ ZONE _____

PASTOR'S NAME _____ PHONE _____

Circle **One** event to be considered for **this** Scholarship: **(A NEW form must be sent for each event.)**

FALL RETREAT OR WINTER GETAWAY RETREAT OR DISTRICT CONVENTION

(*Up to 10-\$100 scholarships awarded per year per retreat) (*up to 30-\$100 scholarships awarded per convention)

Received by deadline: August 1st Received by deadline: December 1st Received by deadline: May 1st

*Numbers are accurate as of January 2019 but subject to change per action of the LWML SWD Executive Committee in response to fluctuating interest rates.

VALIDATION OF NEED:

Signature of one individual listed below Date signed

Please circle the individual signing:

◆ Congregational Pastor ◆ Society President ◆ Zone President

◆ LWML SWD Officer or Committee Chairman (please specify)

SIGNATURE OF APPLICANT: _____
Date signed

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

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.**

