ALL BOXED AREAS ON BOTH PAGES MUST BE FILLED OUT

Page 1SCHOLARSHIP APPLICATION FORM
LWML SOUTH WISCONSIN DISTRICT

LWML SWD use only

NAME					
ADDRESS					
CITY					
PHONE					
CONGREGATION					
	R'S NAMEPHONE				
	WINTER GETAWAY RE	TREAT OR	DISTRICT CONVENTION		
(*Up to 10-\$100 scholarships award	ed per year per retreat)	(*up to 30-\$100	scholarships awarded per convention	n)	
Received by deadline:	dline: Received by deadline: Received by deadline:				
•	•		•		
*Numbers are accurate as of Jan Committee in response to fluctua		e per action of the			
VALIDATION OF NEED:					
Signature of one individual listed	d below		Date signed		
	<u>Please circle</u> the individ	ual signing:			
♦Congregational I	Pastor		♦Zone President		
00	L SWD Officer or Committee				
		Chan man (picas	c specify)		
SIGNATURE OF APPLICANT: _					
			Date sign	ied	

<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>

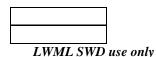
considered:

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.



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

*Numbers are accurate as of January 2018 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 +	

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