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 | STATE | ZIP | | | |
| PHONE | _EMAIL | | | | |
| CONGREGATION | | ZONE | | | |
| PASTOR'S NAME | PHONE | 8 | | | |
| 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-\$75 scholarships awarded per convention) 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. | | | | | |
| VALIDATION OF NEED: | | | | | |
| Signature of one individual listed below | | Date signed | | | |
| Please | e <mark>circle</mark> the individual signing: | | | | |
| | Society President | | | | |
| ◆LWML SWD Off | icer or Committee Chairman (p | 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.



| Circle <mark>(</mark> | one event to be | e considered j | for <u>this</u> | Scholarshi | <i>p</i> : |
|-----------------------|-----------------|----------------|-----------------|------------|------------|
| | | | | | |

| FALL RETREAT OR | WINTER GETAWAY RETRE | AT OR | DISTRICT CONVENTION | |
|--|--------------------------|---------|----------------------------|--|
| (*There are a limited number of scholarships that may be awarded per year per event) | | | | |
| Received by deadline: | Received by deadline: | Receive | ed by deadline: | |
| August 1 st | December 1 st | Ν | 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 APP | LICANT: | (please circle one) | | | | | |
|------------|---------|---------------------|-------|-------|-------|------|--|
| Under 18 | 18-24 | 25-34 | 35-49 | 50-64 | 65-74 | 75 + | |

Please circle the individual signing on page 1: ♦ Society President Congregational Pastor

♦LWML SWD Zone President ♦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:

Cinda Poppe, LWML SWD President 4820 County Rd. P, Highland, WI 53543