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