LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Guidelines
2017/2018 Academic Year

Up to four $3,000 scholarships will be awarded each year to Lutheran students pursuing undergraduate degrees in any academic area that will prepare them to serve and support people with intellectual and developmental disabilities.

ELIGIBILITY CRITERIA

1. Be an active, communicant member of a Lutheran congregation
2. Be classified as a freshman, sophomore or junior at an accredited 4 year college or university
3. Have a minimum overall GPA of 3.0 on a 4.0 scale
4. Have a career objective in the field of intellectual and developmental disabilities

APPLICATION REQUIREMENTS

1. Completed application form.
2. Documentation of 100 hours of service to people with intellectual and/or developmental disabilities, volunteer or paid. Service must be completed within the past two years.
3. A 250-300 word essay on how the intended academic course of study will support their career in the field of intellectual and/or developmental disabilities.
4. Four letters of recommendation (pastor, professor/teacher and two unrelated others).
5. An official college/university transcript(s).

Optional: Any other material that will assist the committee to better know the applicant.

Send the completed application package in an envelope marked Confidential to:

Bethesda Lutheran Communities
Attn: Barb Schultz
600 Hoffmann Dr.
Watertown, WI 53094

Questions: Contact Barb Schultz at: 920-206-4427; 800-369-4636, ext. 4427
or barb.schultz@mailblc.org

DEADLINE: Applications must be postmarked on or before Friday, May 19, 2017. The scholarship committee will review all applications and awards will be announced by end of July 2017.
BETHESDA LUTHERAN COMMUNITIES/BETHESDA AUXILIARY
Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP
College and University Application
2017/2018 Academic Year

DEADLINE: Application must be postmarked on or before Friday, May 19, 2017.

Name ________________________________________________________________

Home Address _______________________________________________________

City ___________________________ State _____ ZIP ______________________

Phone contact: Landline __________________ and/or Mobile __________________

Email (print carefully) __________________________________________________

Home Church _________________________________________________________

Synod: LCMS_______ WELS_______ ELCA_______ ELS_______NALC_______LCMC_______

Pastor(s) __________________________ Telephone __________________________

Church Address ______________________________________________________

City ___________________________ State _____ ZIP ______________________

High School _____________________ City ___________ State ______

Graduation Date __________

COLLEGE/UNIVERSITY - CURRENT

Name ___________________________ City __________________ State ______

Current Status: Freshman ____ Sophomore _____ Junior ____

Expected Date of Graduation _______ Major ____________________________

COLLEGE/UNIVERSITY - PREVIOUS

Name ___________________________ City __________________ State ______

Dates Attended: from _______ to _______ Major __________________________

COLLEGE/UNIVERSITY - PREVIOUS

Name ___________________________ City __________________ State ______

Dates Attended: from _______ to _______ Major __________________________
EMPLOYMENT HISTORY

Company __________________________________________ Telephone ____________

Supervisor’s Name __________________________________________

Address ______________________________________________________

City __________________________ State _____ ZIP ____________

Duties: ___________________________________________________________________________________

Dates Employed: from __________ to __________ (month/year required)

Company __________________________________________ Telephone ____________

Supervisor’s Name __________________________________________

Address ______________________________________________________

City __________________________ State _____ ZIP ____________

Duties: ___________________________________________________________________________________

Dates Employed: from __________ to __________ (month/year required)

Company __________________________________________ Telephone ____________

Supervisor’s Name __________________________________________

Address ______________________________________________________

City __________________________ State _____ ZIP ____________

Duties: ___________________________________________________________________________________

Dates Employed: from __________ to __________ (month/year required)
VOLUNTEER HISTORY

Company/Org. ______________________________________ Telephone _________________________

Address ___________________________________________________________________________________

City ______________________________________ State _____ ZIP ______

Duties: ___________________________________________________________________________________

Dates: from _______ to _______  (month/year required)  Hours: _________________

Company/Org. ______________________________________ Telephone _________________________

Address ___________________________________________________________________________________

City ______________________________________ State _____ ZIP ______

Duties: ___________________________________________________________________________________

Dates: from _______ to _______  (month/year required)  Hours: _________________

Company/Org. ______________________________________ Telephone _________________________

Address ___________________________________________________________________________________

City ______________________________________ State _____ ZIP ______

Duties: ___________________________________________________________________________________

Dates: from _______ to _______  (month/year required)  Hours: _________________

Company/Org. ______________________________________ Telephone _________________________

Address ___________________________________________________________________________________

City ______________________________________ State _____ ZIP ______

Duties: ___________________________________________________________________________________

Dates: from _______ to _______  (month/year required)  Hours: _________________
How did you learn about this scholarship?

☐ Financial Aid Office  ☐ Pastor/Church  ☐ Parent

☐ Internet  ☐ Bethesda publication

☐ Other ____________________________________________________________

To the best of my knowledge, the information I have submitted is true and correct as of the date of this application, and the essay submitted is my own original work. I understand it may be necessary for Bethesda Lutheran Communities to contact my schools, employers, and other persons to confirm and/or discuss any information comprising my application, and I hereby consent to disclosure of any such information and waive any claims that may arise as a result of such disclosure. In consideration of the possible receipt of financial assistance from Bethesda, I grant Bethesda Lutheran Communities all rights to publication or use of materials submitted as part of my application, and forever release any claim to ownership of said materials.

______________________________________________________________
Applicant’s Signature  Date

Checklist:

☐ Transcript  ☐ Career Essay

☐ Letters of Reference (4)  ☐ Documentation of 100+ hours of service

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BJS
4/18/17