

**BETHESDA LUTHERAN COMMUNITIES/BETHESDA AUXILIARY  
Watertown, Wis.**

**LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP**

**High School Guidelines  
2017/2018 Academic Year**

Up to four \$500 scholarships will be awarded each year to Lutheran high school seniors pursuing a post-secondary degree 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 senior
3. Have a minimum overall GPA of 3.0 on a 4.0 scale

**APPLICATION REQUIREMENTS**

1. Completed application form.
2. Documentation of 25 hours of service to people with intellectual and/or developmental disabilities, volunteer or paid. Service must be completed within the past two years.
3. Interview two professionals in the field of intellectual and/or developmental disabilities (social worker, psychologist, teacher, vocational or rehabilitation specialist, etc.). Submit two 100-word summaries—one for each interview—describing the professional's job and how he/she prepared for that career.
4. Four letters of reference (pastor, principal and two unrelated people).
5. An official high school transcript.

**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](mailto: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**

**High School 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 Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Principal \_\_\_\_\_ Telephone \_\_\_\_\_

Graduation Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duties \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ (month/year required)

**EMPLOYMENT HISTORY**

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Duties \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ (month/year required)

**VOLUNTEER HISTORY**

Company/Org. \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Duties \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ (month/year required) Hours: \_\_\_\_\_

Company/Org. \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Duties \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ (month/year required) Hours: \_\_\_\_\_

**SPECIAL ACHIEVEMENTS, AWARDS, HONORS, SCHOLARSHIPS**

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**EXTRACURRICULAR ACTIVITIES**

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**CAREER GOALS**

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**How did you learn about this award?**

- Guidance Office       Pastor/Church       Teacher/Principal  
 Internet       Bethesda publication       Parent  
 Other \_\_\_\_\_

To the best of my knowledge, the information I have submitted is true and correct as of the date of this application. I understand it may be necessary for Bethesda Lutheran Communities to contact 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent/Guardian

\_\_\_\_\_  
Date

Checklist:

- |                          |                          |                          |                                       |
|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Transcript               | <input type="checkbox"/> | Summaries of interviews (2)           |
| <input type="checkbox"/> | Letters of Reference (4) | <input type="checkbox"/> | Documentation of 25+ hours of service |

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