

PRESIDENTIAL SCHOLARSHIP PROGRAM

The Lutheran Church Missouri Synod
Eastern District

Commission for Scholarship and Student Aid
5111 Main Street
Williamsville, NY 14221
716-634-5111

Program Qualifications and Information

- **Who may apply for a Presidential Scholarship? Anyone who:**
 - Is a member of a congregation of The Lutheran Church Missouri Synod, Eastern District
 - Is in the senior class of a secondary school
 - Intends to become a professional church worker in The Lutheran Church Missouri Synod. (Pastor, Teacher, Director of Christian Education, Director of Evangelism, Parish Assistant, Deaconess)
- **How are the Scholarships awarded?**
 - They are competitive. Winners will be selected on the basis of merit: character, scholastic achievement, academic promise and demonstrated ability to serve.
- **What is the amount of the stipend?**
 - The amount is \$1,000 for each of four years for a total of \$4000 per student. A Scholarship is granted for four years provided the student performs satisfactorily at the particular college.
- **Where may the awards be used?**
 - They may be used only at a college operated by or closely affiliated with the Lutheran Church Missouri Synod
- **How can the application benefit you if you do not receive an award?**
 - Participation can in itself be an interesting and helpful educational experience
 - The written work can clarify your own thinking as to reasons for going to college
 - Your record will be furnished, on request, to the college of your choice, to help in your registration
- **What are the requirements of the Program?**
 - You, the applicant, are responsible for the following: Application Form, High School Transcripts, Biographical Questionnaire, and Evaluation Form to Pastor.
- **Where do I send my completed forms and transcripts?**
 - All forms must be returned by the deadline to:

Commission for Scholarship and Student Aid
5111 Main Street
Williamsville, NY 14221

COMMISSION FOR SCHOLARSHIP AND STUDENT AID

EASTERN DISTRICT-LUTHERAN CHURCH-MISSOURI SYNOD

PRESIDENT SCHOLARSHIP PROGRAM

APPLICATION FOR SCHOLARSHIP

I hereby make application for a President's Scholarship of The Lutheran Church-Missouri Synod, Eastern District.

NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

I PLAN TO ATTEND THE FOLLOWING EDUCATIONAL INSTITUTION _____

KIND OF FULL TIME PROFESSIONAL WORKER I WISH TO BECOME IN THE CHURCH _____

NAME AND LOCATION OF MY CHURCH _____

NAME OF MY PASTOR _____

I AM NOW ATTENDING _____ HIGH SCHOOL IN _____

DATE _____ SIGNATURE _____

SEND THIS COMPLETED FORM TO:

COMMISSION FOR SCHOLARSHIP & STUDENT AID

5111 MAIN STREET

WILLIAMSVILLE, NEW YORK 14221

Biographical Questionnaire

The questions that follow are designed to collect information about your background, your interests, and your plans. Your answers to these questions will be used only in connection with your application for this scholarship program and will be divulged only to qualified persons who must see them in the course of their duties.

NOTE: The selection of scholarship recipients will be influenced by the completeness of replies, neatness, and legibility.
PLEASE TYPE OR PRINT, USING BLACK INK.

A. You-the Applicant

Legal name in full

LAST		FIRST		MIDDLE INITIAL

Permanent home address

--

NUMBER AND STREET

--	--	--	--	--	--

CITY

STATE

ZIP CODE

Telephone

Date of birth

Age

--	--	--	--	--	--

AREA CODE

NUMBER

MONTH

DAY

YEAR

Check one: M F

U.S. Citizenship:
 Yes No

B. Your Schooling

1. SECONDARY SCHOOL OR COLLEGE NOW ATTENDING

Name of high school _____

City _____ State _____ Zip Code _____

a. Check your level of year in college during academic year

Undergraduate

- Freshman
- Sophomore
- Junior
- Senior

Graduate/Professional

- 1st year
- 2nd year
- 3rd year
- 4th year

b. Your degree objective for the level of education checked in a:

- B.A., B.S., etc
- M.D., D.D.S., D.V.M., D.D.
- J.D. or L.L.B.
- Ph.D., Ed.D., etc.
- M.A., M.S., etc.
- M.B.A.
- Other, specify _____

c. The year in which you plan to complete requirements for the degree checked in b. _____

d. Enter the name and address of your first choice institution

Name of institution _____

City _____ State _____ Zip Code _____

Check one: Will be a resident or a commuter

2. List all schools that you attended in the last four years. List the schools in order of attendance, with the one you attended most recently first.

NAME OF SCHOOL	LOCATION (CITY AND STATE)	DATES OF ATTENDANCE

3. List any advanced or special program courses or summer courses you have taken. List the most recent course or program first

COURSE OR PROGRAM	NAME OF SCHOOL	LOCATION (CITY AND STATE)	DATES ATTENDING	HRS PER WEEK

4. List activities in which you have participated in your school (such as publications, debating and dramatics, music, art, student government, and clubs). Include any honorary awards or membership in honorary associations.

ACTIVITY	DATES OF PARTICIPATION	OFFICES HELD	SPECIAL AWARDS OR HONORS	HRS PER WEEK

5. Describe in your own words your feelings about your educational experiences in the last two years. Please mention any special circumstances or factors that have influenced your education.

C. Your Activities and Work Experience

1. List sport(s) participated in:

SPORT	DATES OF PARTICIPATION	NO. OF VARSITY LETTERS	EVENT OR POSITION	SPECIAL HONORS OR AWARDS	HRS. PER WEEK

2. List community activities in which you have participated without pay (such as candy striping, church work, drug hot lines, and outreach programs):

KIND OF WORK	NAME OF AGENCY OR ORGANIZATION	DATES OF PARTICIPATION	SPECIAL AWARDS	HRS. PER WEEK

3. List jobs (including summer employment) you have held in the past three or four years.

JOB AND KIND OF WORK	EMPLOYER	CHECK ONE		APPROXIMATE DATES OF EMPLOYMENT	APPROXIMATE NO. OF HOURS PER WEEK
		SUM-MER	SCHOOL YEAR		

D. You and Your Family

1. Applicants to scholarship programs have been representative of diverse economic, ethnic, and occupational groups. Please describe any relevant family characteristics or experiences that you wish to share with us.

2. Brothers: Number _____ Ages _____ Sisters: Number _____ Ages _____

3. Name of parent or guardian who support you _____

4. If someone other than your father or mother supports you, give the following information:

Name _____

Address _____
NUMBER AND STREET CITY OR TOWN STATE ZIP CODE

Relationship to you _____ Occupation _____

E. *Your Experiences*

Which of your experiences, academic or other, has given you the greatest satisfaction? Why?

F. *Your Reading*

1. What books and articles have you read within the last six months?

ASSIGNMENTS	PERSONAL READING

2. Which one of these have you found most stimulating? Why?

COMMISSION FOR SCHOLARSHIP AND STUDENT AID
EASTERN DISTRICT, THE LUTHERAN CHURCH-MISSOURI SYNOD

*PASTOR'S EVALUATION AND
RECOMMENDATION*

Dear Pastor:

Please give us your impression of _____, who has requested aid from this Commission. This should include reference to interest in, and aptitude for ministry, as well as present level of congregational participation. In addition, please indicate any special gifts or needs this student has. When completed, please sign and send to:

*Commission for Scholarship & Student Aid
5111 Main Street
Williamsville, New York 14221*

(Pastor's Signature)

(Name of Church and Location)

Please use other side for further information.....