

# **EASTERN DISTRICT -- LCMS**

## **PRESIDENTIAL SCHOLARSHIP PROGRAM**

### **QUALIFICATIONS AND INFORMATION**

#### ***PROGRAM QUALIFICATIONS AND INFORMATION***

Who may apply for a Presidential Scholarship? Anyone who:

- Is a member in 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 \$4,000 per student ,providing the student performs satisfactorily in their studies.

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.

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:

Eastern District – LCMS  
Presidential Scholarship  
5111 Main Street  
Williamsville, NY 14221

**EASTERN DISTRICT -- LCMS**  
**PRESIDENTIAL SCHOLARSHIP PROGRAM**  
**APPLICATION**

I hereby make application for a Presidential Scholarship of the Eastern District of The Lutheran Church Missouri Synod.

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I PLAN TO ATTEND THE FOLLOWING EDUCATIONAL INSTITUTION

\_\_\_\_\_

FULL TIME PROFESSIONAL CHURCH WORK I WISH TO PURSUE:

\_\_\_\_\_

NAME AND LOCATION OF MY CHURCH \_\_\_\_\_

NAME OF MY PASTOR \_\_\_\_\_

I AM NOW ATTENDING \_\_\_\_\_ HIGH SCHOOL IN

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SEND THIS COMPLETED FORM TO:

**EASTERN DISTRICT – LCMS**  
**PRESIDENTIAL SCHOLARSHIP**  
**5111 MAIN STREET**  
**WILLIAMSVILLE, NY 14221**

**Biographical Questionnaire**

The questions that follow are designed to collect information about your back-ground, 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 .

**A. You-the Applicant**

Legal name in full

\_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL

Permanent home address

\_\_\_\_\_  
 NUMBER AND STREET

\_\_\_\_\_  
 CITY STATE ZIP

Telephone

AREA CODE

NUMBER

Date of Birth

MONTH

DAY

YEAR

AGE

Check one:            M                F       

U.S. Citizenship        Y                N       

**B. Your Schooling**

1.

Name of high school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**Undergraduate**

- Freshman
- Sophomore
- Junior
- Senior

**Graduate/Professional**

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

- B.A., B.S., etc.
- J.D. or L.L.B.
- M.A., M.S., etc.
- Other, specify \_\_\_\_\_

- M.D.,D.D.S.,D.V.M.,D.D.
- Ph.D., Ed.D., etc.
- M.B.A.

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

Name of School	Location	Dates

3. List any advanced or special program courses or summer courses you have taken.

Course	School	Location	Dates

4. List activities in your school (such as publications, debating, and dramatics, music, art, student government, and clubs). Include honorary awards or memberships in honorary associations.

Activity	Dates	Office Held	Special Awards	Honors

5. Briefly describe your feelings about your educational experiences in the last two years, mentioning any special circumstances or factors that have influenced your education.


**C. Your Work Experience - Community Activities - Sports - Volunteer Work**

1. List work and community activities in which you participated in.

Kind of Work	Agency or Organization	Position	Sport	Organization	Hours per week

**D. You and Your Family**

1. Tell us about your family: Siblings, ages, parent or guardian who supports you. Describe any relevant family characteristics or experiences that you wish to share.


**E. Reading**

1. What books and/or articles have you read within the last six months and which one have you found most stimulating and why?


**F. Leisure Time**

1. Tell us how you like to spend your leisure time. For example, some enjoy music, art, drama or dance. Others enjoy activities within their home setting; and others may enjoy an outdoor hobby or activity of special interest. How do you use your leisure time?


**G. Selecting and Being Admitted to College or Graduate School**

1. The process of selecting and being admitted to college or graduate school can be frustrating or it can be rewarding or satisfying. As you are now involved in that process, please share with us your experiences.


**H. Choosing your Vocation**

- 1 Briefly tell us what or whom has influenced you in becoming a church worker.


Please look over this form to make sure you have answered all questions completely. It is also your responsibility to ensure that your school releases any required forms and a transcript of grades to us on time (that is, by the program deadline).

\_\_\_\_\_ **Program Name**

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **Date**

**RETURN THIS COMPLETED FORM AND ALL OTHERS REQUIRED TO:  
EASTERN DISTRICT - LCMS  
SCHOLARSHIP APPLICATIONS  
5111 MAIN STREET  
WILLIAMSVILLE, NY 14221**

**EASTERN DISTRICT – LCMS**

**SCHOLARSHIP AND STUDENT AID**

**PASTOR’S EVALUATION AND RECOMMENDATION FORM**

Dear Pastor:

Please give us your impression of \_\_\_\_\_  
who has requested aid from the Eastern District Scholarship and Student Aid  
Program. 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:

Eastern District – LCMS  
Scholarship & Student Aid  
5111 Main Street  
Williamsville, NY 14221

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\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Name of Church & Location