Lutheran Women’s Missionary League, Missouri District
2015-2016
Church Worker’s Study Grants

GRANT PURPOSE
To encourage men and women in the Missouri District of the Lutheran Church-Missouri Synod, English and SELC District congregations of the LCMS located in Missouri to become professional church workers by providing financial assistance for their education.

FUND
Money for these grants comes from the collection of mites in the LWML Missouri District, and are part of the Mission Goal for the biennium.

ADMINISTERING BODY
Church Worker’s Study Grants shall be administered by the Church Worker’s Study Grants Committee of the Lutheran Women’s Missionary League, Missouri District.

APPLICANTS
Men and women who are members of a congregation located in the Missouri District of the Lutheran Church-Missouri Synod, English and SELC District Congregations of the LCMS located in Missouri (12 months prior to filing an application) that are preparing for full-time professional work in the Lutheran Church-Missouri Synod and who are enrolled in a University or Seminary of the Lutheran Church-Missouri Synod full time may apply.

APPLICATIONS
Application shall be made on forms provided by the Lutheran Women’s Missionary League, Missouri District (page 3 through 5). Complete applications must be postmarked by April 1, 2015 to be considered for the 2015-2016 school year. Please note the 9 items to be completed on page 2 of this packet. Mail to: LWML Study Grants Chairman, Mrs. Crystal Lueckenhoff, 11605 County Road 391, Holts Summit, MO 65043
A new application is required each year the applicants is eligible for a grant.

BASIS OF DECISION
The administering committee shall select study grant recipients on the basis of financial need, the information supplied on the application, and information obtained from the Office of Admissions of the University or Seminary the student will attend. All applicants, whether receiving a grant or not, will be notified by mail by the last week of June as to the decision of the committee.

AMOUNT
Grants will be paid directly to the college/seminary of the recipient. Payments will be made in installments directly to the school only after an acknowledgment has been received from the recipient by the Study Grants Committee, postmarked no later than July 1, 2015.

WITHDRAWALS
Study grants recipients who withdraw from preparing for full-time church work in the Lutheran Church-Missouri Synod shall notify the administering committee of such action; students withdrawing in mid-term will not be eligible to receive the remaining portion of the grant.
REQUIREMENTS AND PROCEDURES FOR SUBMITTING CHURCH WORKERS STUDY GRANTS

2015-2016

Applications must be postmarked on or before April 1, 2015. Applications for a Lutheran Women’s Missionary League, Missouri District Church Workers Study Grants shall be made only on forms provided by the committee which are available from the local church office, the Financial Aid Office of Lutheran Universities or Seminary, LWML Society presidents, the Study Grants Chairman, or at www.missourilwml.org. It is the responsibility of the applicant to be sure that applications downloaded from the web page are correctly printed according to page breaks and margins. A new application is required each year.

A complete application will include:

1. Submit pages 3 through 5 of the LWML application in original format. It must be complete, neat, and legible. The appearance of the application will be considered.

2. Supply all financial information required on application.

3. A Statement of Intent (page 5 of the application) is required and must be signed by the student and parent; or the married student and spouse.

4. Enrollment Verification from the university or seminary which verifies enrollment for the 2015-2016 Academic year.

5. A copy of last semester grades. Exception: Second career seminary students who have not been in school for the last 5 years, need not provide grades.

6. Essay The applicant will submit a signed essay between 300 – 500 words answering the question, “Why do you feel you should receive an LWML Church Worker’s Study Grant”?

7. A recent wallet sized photo of the applicant only. (Photos of recipients are filed in a scrapbook, used at the convention display and may be published in a brochure.)

8. One letter of recommendation from a mature, responsible person other than the applicant’s pastor, a relative, or a school official. State in what capacity the writer knows the applicant. (A different personal reference is due each year you apply.)

9. A letter from the applicant’s pastor affirming church membership and recommendation for a study grant. This letter may be enclosed in a sealed envelope and included with the application. (If the pastor is the applicant’s parent, please ask another pastor or elder of your church to provide the letter.)

Applications postmarked after April 1, 2015 or incomplete applications will not be considered.

Submitting Application

All items must be placed in a large mailing envelope. Only the pastor’s letter is to remain in a sealed envelope. All other papers shall be flat. Follow instructions to make sure the application is complete. Submit the above items along with the completed application postmarked on or before April 1, 2015 to:
LWML Church Worker’s Study Grants Chairman,
Mrs. Crystal Lueckenhoff,
11605 County Road 391,
Holts Summit, MO 65043
(573-896-5627) Crystal’s home phone number
All applications and any unused portion of the study grant money become the property of the Lutheran Women’s Missionary League, Missouri District.

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Lutheran Women's Missionary League, Missouri District
2015-2016
CHURCH WORKERS STUDY GRANTS APPLICATION
(Postmarked on or before April 1, 2015)

PERSONAL DATA
Applicant's Name________________________________________ Today's Date________________________
Home Address_______________________________________________________________________________
Street                                                   City                                 State
Zip
Home Phone (_____)________________ Email Address_________________________@_________________
Date of Birth_________________ Married Yes ___ No ____ Name of Spouse_________________________
Number of dependent children__________ Is Spouse a Student Yes___ No____ Full____ Part time____

CHURCH MEMBERSHIP
Home Church ____________________________________________ Phone (_____)_____________________
Church Address________________________________________________________________________________
Street                                               City                                     State
Zip
Pastor's Name______________________________________________________
Are you a member of a Missouri District LCMS Congregation? ___Yes ___No  # Years ______
Are you a member of an English or SELC LCMS Congregation located in Missouri? ___Yes ___No #Years ______
What Missouri District LWML Zone is your home church in? ____________________________________________
List your favorite church activities :________________________________________________________________________

EDUCATION
After graduation, do you intend to go into full time church work for the LCMS? Yes____ No ____Don't Know _____
What vocation or profession are you seeking?_______________________________________________________________
If you plan to teach, which level do you prefer?____________________________________________________________
What Seminary or University will you be attending this next school year?
Name of Seminary or University                                         City                                         State
What class level will you be enrolled in for the 2015-2016 school year?_________ Full Time_______ Part Time____

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FINANCIAL INFORMATION  Section A

Complete section A if your parents are filing a FAFSA for you or claim you as a dependent or provide financial assistance to you. All other applicants go to section B.

Father’s Name________________________ Occupation________________ Gross Income $____________
Mother’s Name________________________ Occupation________________ Gross Income $____________
Housing Allowances or other compensation ................................................................. $____________
Applicant’s Summer Employment________________________________ Gross Income $____________
Applicant’s Academic Year Employment______________________ Gross Income $____________
Spouse’s Employment________________________________________ Occupation________ Gross Income $ __________
Number of persons in the family dependent on total gross income____ TOTAL GROSS INCOME$____________

FINANCIAL INFORMATION Section B

Applicant’s Summer Employment________________________________ Gross Income $____________
Applicant’s Academic Year Employment______________________ Gross Income $____________
Spouse’s Employment________________________________________ Occupation________ Gross Income $__________
Number of persons in the family dependent on total gross income____ TOTAL GROSS INCOME$____________

ESTIMATED EDUCATION ASSISTANCE FROM

Parents__________________________________________________ $____________
Home Congregation______________________________________ $____________
Other___________________________________________________ $____________
Other___________________________________________________ $____________
Other___________________________________________________ $____________

Other scholarships or grants applied for and/or received for the 2015-2016 academic Year:

Source___________________________________________________ Renewable Yes No $____________
Source___________________________________________________ Renewable Yes No $____________
If not renewable, explain:________________________________________________________________________

TOTAL EDUCATION ASSISTANCE $____________________________
ESTIMATED COST OF ONE YEAR’S EDUCATION FOR APPLICANT

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$____________</td>
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<tr>
<td>Room/Board</td>
<td>$____________</td>
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<tr>
<td>Books</td>
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<td>Travel</td>
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<td>Medical</td>
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<td>Fees</td>
<td>$____________</td>
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<td>Other Educational Expenses</td>
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TOTAL EDUCATIONAL EXPENSES $______________________________

STATEMENT OF INTENT

I do intend to serve in the Lutheran Church-Missouri Synod as a full-time church worker for at least one year. If I do not fulfill this agreement, or if I do not complete my studies, I will make every effort to repay the grant money to the Lutheran Women’s Missionary League, Missouri District, within a reasonable length of time.

Signatures REQUIRED:

______________________________________________ Date____________________
Student's Signature

______________________________________________ Date____________________
Unmarried Student's Parent's Signature

______________________________________________ Date____________________
Married Student's Spouse's Signature