

APPLICATION FOR ACADEMIC SCHOLARSHIP

Lutheran Mission Council of Hawaii

20 ____ – 20 ____ School Year

PART 1. GUIDELINES/PURPOSE It is the intent of the Lutheran Mission Council of Hawaii to assist active members of Hawaii Circuit 11 churches who wish to prepare for ministry in a synodical school of the Lutheran Church Missouri Synod as a synodically recognized church worker. This application form has been prepared to help the scholarship committee of the Lutheran Mission Council of Hawaii determine who is qualified to receive the professional church workers scholarship. The members of the LCMS congregations in Hawaii are anxious to assist you with your schooling needs as you prepare to serve the Lord through professional church work. Half of the scholarship amount will be awarded each semester and sent directly to the college.

Applicants must annually provide the following along with the application form:

1. A letter of recommendation from a Hawaii Circuit 11 pastor
2. A letter from the synodical school verifying enrollment in a church worker program

PART II. APPLICATION SECTION Please fill out the form completely and finish your answers or add any explanations you feel are necessary on the back of the form. (All scholarship applications must be submitted to the scholarship committee on or before May 15 for scholarship for the following fall term. NO applications will be accepted after that date. Applications will be denied if they are not completed entirely as written. All applicants will be notified in writing, of the decision, after the following meeting of the LMCH scholarship committee.)

Name: _____ Age: _____ Birthdate: _____
 Last First Middle

Street: _____ City: _____ State: _____ Zip: _____

Please list the following information if it is available:

E-Mail: _____ Fax: _____

Profession for which you are preparing: _____

School you plan to attend or are attending: _____

School Location: _____

If this is an undergraduate school, list future school you plan to attend: _____

Explain briefly why you wish to become a professional church worker:

Signature of Applicant: _____ Date Signed: _____

PART III. SCHOLARSHIP COMMITTEE SECTION:

Date application was received: _____

Signature of committee chairman: _____ Date: _____

Amount of scholarship to be awarded: _____

*Please email completed forms to pastormatt@stmarkhawaii.org or fax to (808) 235-6155