Bethesda Lutheran Communities Auxiliary

Lutheran Student Scholastic and Service Scholarship

College and University Guidelines
2020/2021 Academic Year

Five $3,000 scholarships will be awarded each year to Lutheran students pursuing undergraduate degrees in any academic area that will prepare them to serve and support people with intellectual and developmental disabilities. Scholarships will be awarded only twice to the same person.

Eligibility Criteria

1. Be an active, communicant member of a Lutheran congregation
2. Be classified as a junior and senior at an accredited 4-year college or university
3. Have a minimum overall GPA of 3.0 on a 4.0 scale
4. Have a career objective in the field of intellectual and developmental disabilities

Application Requirements

1. Completed application form.
2. Documentation of 100 hours of service to people with intellectual and/or developmental disabilities, volunteer or paid. Service must be completed within the past two years.
3. A 250-300-word essay on how the intended academic course of study will support their career in the field of intellectual and/or developmental disabilities.
4. Four letters of recommendation (pastor, professor/teacher and two unrelated others).
5. An official college/university transcript(s).
6. Submit pictures of applicant volunteering/interacting with people with intellectual and/or developmental disabilities (required).

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: Jenna Wegner
600 Hoffmann Dr.
Watertown, WI 53094

Questions: Contact Jenna Wegner at: 920-206-4426; 800-369-4636, ext. 4426
or jenna.wegner@bethesdalc.org

Deadline: Applications must be postmarked on or before May 15, 2020. The scholarship committee will review all applications and awards will be announced by July 1, 2020.
LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP
College and University Application
2020/2021 Academic Year

DEADLINE: Application must be postmarked on or before Friday, May 15, 2020.

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 __________________________   City _________________   State ______

Graduation Date ___________

COLLEGE/UNIVERSITY – CURRENT

Name _____________________________________  City _______________________  State  __________

Current Status:   Freshman ____Sophomore _____ Junior _____

Expected Date of Graduation __________ Major _____________________________________________

COLLEGE/UNIVERSITY – PREVIOUS

Name _____________________________________  City _______________________  State  __________

Dates Attended: from __________to ___________Major _______________________________________

COLLEGE/UNIVERSITY – PREVIOUS

Name _____________________________________  City _______________________  State  __________

Dates Attended: from __________to ___________Major _______________________________________
EMPLOYMENT HISTORY

Company _______________________________________________ Telephone ________________

Supervisor’s Name_______________________________________

Address _________________________________________________________________________________

City _________________________________________________________ State _____ ZIP _________

Duties: ___________________________________________________________________________________

Dates Employed: from ___________ to ________ (month/year required)

Company _______________________________________________ Telephone ________________

Supervisor’s Name_______________________________________

Address _________________________________________________________________________________

City _________________________________________________________ State _____ ZIP _________

Duties: ___________________________________________________________________________________

Dates Employed: from ___________ to ________ (month/year required)

Company _______________________________________________ Telephone ________________

Supervisor’s Name_______________________________________

Address _________________________________________________________________________________

City _________________________________________________________ State _____ ZIP _________

Duties: ___________________________________________________________________________________

Dates Employed: from ___________ to ________ (month/year required)

Company _______________________________________________ Telephone ________________

Supervisor’s Name_______________________________________

Address _________________________________________________________________________________

City _________________________________________________________ State _____ ZIP _________

Duties: ___________________________________________________________________________________

Dates Employed: from ___________ to ________ (month/year required)
VOLUNTEER HISTORY

Company/Org. ______________________________________________ Telephone ______________

Address _________________________________________________________________________________

City __________________________ State ______ ZIP __________

Duties: __________________________________________________________________________________

Dates: from ________ to ________ (month/year required)    Hours: ________________

Company/Org. ______________________________________________ Telephone ______________

Address _________________________________________________________________________________

City __________________________ State ______ ZIP __________

Duties: __________________________________________________________________________________

Dates: from ________ to ________ (month/year required)    Hours: ________________

Company/Org. ______________________________________________ Telephone ______________

Address _________________________________________________________________________________

City __________________________ State ______ ZIP __________

Duties: __________________________________________________________________________________

Dates: from ________ to ________ (month/year required)    Hours: ________________
How did you learn about this scholarship?

☐ Financial Aid Office  ☐ Pastor/Church  ☐ Parent

☐ Internet  ☐ Bethesda publication

☐ Other ____________________________________________

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

_____________________________________           _______________________
Applicant's Signature       Date

Checklist:

☐ Transcript  ☐ Career Essay

☐ Letters of Reference (4)  ☐ Documentation of 100+ hours of service

☐ Pictures working with people with disabilities and/or developmental disabilities (required).

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