Five $3,000 scholarships will be awarded each year to a Lutheran seminarian or post graduate student displaying interest in service to people with intellectual and/or developmental disabilities in a congregational/professional setting. Scholarships will be awarded only twice to the same person.

ELIGIBILITY CRITERIA

1. Be an active, communicant member of a Lutheran congregation.

2. Be a current college senior, accepted to begin seminary/post graduate studies in the fall, or currently be classified as a first-year student or second-year student at any seminary affiliated with the WELS, LCMS, ELCA, ELS, NALC or post graduate student studying a field related to disability ministry. Students going on to their internship/vicarage year do not qualify.

3. Have a commitment to inclusion of people with intellectual and/or developmental disabilities within the local parish.

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 why this career choice in the field of intellectual and/or developmental disabilities has been chosen.

4. Four letters of recommendation (pastor, professor/teacher and two unrelated others).

5. An official transcript or letter indicating he/she is a student in good standing at his/her seminary.

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 announced by July 1, 2020.
BETHESDA LUTHERAN AUXILIARY
Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

Seminary 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 ______    Grad Year: _____

COLLEGE/UNIVERSITY

Name _____________________________________  City _______________________  State  __________

Dates Attended: from _______ to ________ GPA _________  Degree Earned ______________________

For College Seniors Only
Accepted by Seminary: ____________________________________________________________________

To begin: ________ Date (Copy of acceptance letter must be attached)

SEMINARY – CURRENT

Name _______________________________   City ___________________________  State _______
EMPLOYMENT HISTORY

Company _______________________________________________ Telephone   ___________________

Supervisor’s Name________________________________________

Address  _________________________________________________________________________________

City _________________________________________________________   State ______  ZIP   __________

Duties: ___________________________________________________________________________________

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

Company _______________________________________________ Telephone   ___________________

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 ___________________

Contact Name: _____________________________________________

Address _________________________________________________________________________________

City ____________________________ State _____ ZIP _________

Duties: __________________________________________________________________________________

Dates: from _________ to _________ (month/year required)        Hours:____________________

Company/Org. _____________________________________________ Telephone ___________________

Contact Name: _____________________________________________

Address _________________________________________________________________________________

City ____________________________ State _____ ZIP _________

Duties: __________________________________________________________________________________

Dates: from _________ to _________ (month/year required)        Hours:____________________

Company/Org. _____________________________________________ Telephone ___________________

Contact Name: _____________________________________________

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
☐ Seminary Acceptance Letter (college seniors only)
☐ Pictures working with people with disabilities and/or developmental disabilities (required)

Send the completed application package in an envelope marked Confidential to:

Bethesda Lutheran Communities
Attn: Jenna Wegner
600 Hoffmann Dr.
Watertown, WI 53094

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