LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

Guidelines for the 2021-2022 Academic Year

An amazing amount $15,000 in scholarship will be awarded to Lutheran students pursuing undergraduate degrees and seminarian and post-graduate students that will prepare them for ministry (such as pastor, pre-seminary and deaconess studies, deaconess, director of Christian education, or special-needs teacher), so they will have opportunity to share Jesus’ love and the Gospel message with people living with intellectual and developmental disabilities.

*Scholarships will be awarded only twice to the same person.

Eligibility Criteria for undergraduate students:
- Be an active, communicant member of a Lutheran congregation.
- Be classified as a junior or senior at an accredited 4-year college or university.
- Have a minimum overall GPA of 3.0 on a 4.0 scale.
- Have a career objective in the field of ministry with people living with intellectual and developmental disabilities, so opportunities to share the Gospel and Jesus’ love with them, as wonderful relationship of shared faith are established.

Eligibility Criteria for seminarians and post-graduate students:
- Be an active, communicant member of a Lutheran congregation.
- Be a current college senior or a person accepted to begin seminary or post-graduate studies in the fall, or currently be classified as a first-year or second-year student at any Lutheran seminary. Students going on to their internship/vicarage year do not qualify.
- Have a commitment to inclusion of people living with intellectual and developmental disabilities within the local parish, giving them the opportunities for study of God’s Word and serving with which all members are blessed.

Application Requirements:
1. Completed application form.
2. Documentation of 100 hours of service to people living with intellectual and/or developmental disabilities.
3. A 250-350 word essay on how the intended academic course of study will support their career in the field of intellectual and developmental disabilities ministry.
4. Four letters of recommendation (pastor, professor, and two unrelated others).
5. An official college/university transcript(s).
6. Submit pictures of applicant volunteering/interacting with people with intellectual and developmental disabilities. (required) Permission to use pictures will be required of each person in the picture.

Optional: Any other material that will assist the committed to better know the applicant.

Send the completed application in an envelope marked “Confidential”

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

Questions: Jenna Wegner 920-206-4426; 800-369-4636 Ex4426 or jenna.wegner@behesdalc.org

DEADLINE: Applications must be postmarked on or before May 15, 2021. Bethesda Auxiliary’s Scholarship Committee will review all applications and awards will be announced by July 1, 2021.
BETHESDA LUTHERAN COMMUNITIES/BETHESDA AUXILIARY
Watertown, Wis.

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Application
2021/2022 Academic Year

DEADLINE: Application must be postmarked on or before Friday, May 15, 2021.

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).

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

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

The application must be postmarked on or before Friday, May 15, 2021.