

**Women of the Evangelical Lutheran Church in America
Northeastern Iowa Synodical Women's Organization**

EDUCATION SCHOLARSHIP APPLICATION

Name of Applicant _____

Address _____

Phone _____ Email _____

Date of Birth _____ S.S. Number _____

Name of Congregation _____

Address of Congregation _____

How long have you been a member? _____ Family Status _____

Highest grade completed in school _____

Name of Institution or training program _____

Brief description of your course _____

Total cost of the remainder of your course _____

Contact person at Institution _____ Phone _____

Other financial aid you are receiving _____

When does the term begin? _____

What is the length of the program? _____

Why are you interested in furthering your education or training? _____

On a single sheet of paper, please answer the following:

1. Your goals in furthering your education
2. Your need for financial aid
3. Please attach a personal reference from your pastor.

May we have permission to reveal your name if you are chosen a recipient? _____

DEADLINE FOR RETURNING APPLICATION: May 15, 2018

Return application to

**Scholarship Committee
Diane Wills
1399 Beeds Lake Dr
Hampton, IA 50441
Wills.dianes@gmail.com**

Date submitted _____

Signature _____