



SCHOLARSHIP APPLICATION
Women of the ELCA
2020 Triennial Gathering
Phoenix AZ
July 16-19, 2020

I am applying for:

Triennial Scholarship:

18+ years of age

Active member of an ELCA congregation and an active participant in Women of the ELCA

This will be a monetary scholarship. The number of scholarship recipients shall be determined by the committee.

NAME _____ PHONE _____

ADDRESS _____ CLUSTER _____

CITY _____ ZIP _____

CONGREGATION/CITY _____

E-MAIL ADDRESS _____

AGE GROUP: 18-25 26-35 36-45 46-55 56-75 76-90

Is this your first time attending a Synodical Convention? Yes No

[If not, when was the last time you attended?] _____

What is your involvement in your unit? _____

What is your involvement in your cluster? _____

Why do you wish to receive a Scholarship? _____

If you are awarded the scholarship, do you wish to remain anonymous? Yes No

Any other comments: _____

[This information will be kept confidential] Return by **April 15, 2020** to:

Laura Ortiz, Treasurer
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