

BETHESDA LUTHERAN COMMUNITIES AUXILIARY
LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Guidelines
2019/2020 Academic Year

Five \$3,000 scholarships will be awarded each year to junior and senior 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 or 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@bethesdalca.org

DEADLINE: Applications must be postmarked on or before May 17, 2019. The scholarship committee will review all applications and awards will be announced by July 1, 2019.

**BETHESDA LUTHERAN COMMUNITIES/BETHESDA AUXILIARY
Watertown, Wis.**

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

**College and University Application
2019/2020 Academic Year**

DEADLINE: Application must be postmarked on or before May 17, 2019.

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: _____

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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