

## BETHESDA LUTHERAN BETHESDA AUXILIARY

### LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

#### Seminarian / Post Graduate Student Guidelines 2019/2020 Academic Year

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.

#### ELIBILITY 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](mailto:jenna.wegner@bethesdalc.org).

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

**BETHESDA LUTHERAN AUXILIARY  
Watertown, Wis.**

**LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP**

**Seminary Application/ Post Graduate 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 \_\_\_\_\_ Grad Year: \_\_\_\_\_

**COLLEGE/UNIVERSITY**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_ GPA \_\_\_\_\_ Degree Earned \_\_\_\_\_

**For College Seniors Only**

Accepted by Seminary/Post Graduate: \_\_\_\_\_ To begin: \_\_\_\_\_

Date (Copy of acceptance letter must be attached)

**SEMINARY - CURRENT**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Current Status: First Year \_\_\_\_\_ Second Year \_\_\_\_\_

**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: \_\_\_\_\_

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).

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