Lutheran Women’s Missionary League California-Nevada-Hawaii District

SCHOLARSHIP GUIDELINES

In the spirit of the LWML Mission Statement, LWML CNH has established a Scholarship Fund to provide financial assistance for women in our CNH District, enabling them to participate in LWML and LWML CNH events (LWML Convention, LWML CNH Convention, LWML CNH Retreat, etc.) that would otherwise be beyond their reach.

The LWML Mission Statement:

*The mission of the Lutheran Women’s Missionary League is to assist each woman of The Lutheran Church-Missouri Synod in affirming her relationship with the Triune God so that she is enabled to use her gifts in ministry to the people of the world.*

1. Scholarships may be requested to provide financial assistance for women in our CNH District, enabling them to participate in LWML (national) and LWML CNH events (LWML Convention, LWML CNH Convention, LWML CNH Retreat, and local LWML events).
2. Application must be received 2 (two) weeks prior to the cutoff for early registration.
3. The Financial Committee will evaluate each application based on benefits to the applicant, their financial need and the funds available in the LWML CNH Scholarship Fund. (The Financial Committee members are; the LWML CNH President, Financial Secretary, Treasurer and Communications Director).
4. The recipient agrees to use the funds as requested. If you are unable to attend the event, after receiving the scholarship funds, you must return the funds to the LWML CNH Financial Secretary, using the remittance forms available at [www.lwmlcnh.org](http://www.lwmlcnh.org)
5. Scholarships may only be used to cover the following expenses up to a maximum of:
   1. Full early registration
   2. Travel: 50% of round-trip airfare or 50% travel expenses (mileage or gasoline) not to exceed round trip airfare
   3. Lodging: 25% of negotiated rate for the event
6. Scholarships are limited to one per year per LWML CNH member.

SCHOLARSHIP APPLICATION

Before completing an application please seek other avenues of financial support such as Zone, Society, Congregation, friends and family. This will ensure equitable use of our scholarship funds.

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Name Event you wish to attend/Date of Event

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip Code

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Phone home or cell E-mail address

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Home Church Zone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Amount Requested

If you are awarded an LWML CNH scholarship:

1. What do you think you would gain from being at this event?

1. Tell us about any LWML experience/service you have had.

1. What do you hope to take back to your society or zone from attending this event?

1. Why should you be awarded this scholarship? (Please include your goals for attending the event, financial situation, other financial support such as Zone or Society. Add additional pages if you need more space)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone \_\_\_\_\_\_\_\_

Please provide the following information to help us evaluate your request.

Expected expenses:

Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_

Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type

Signature

Zone President Society President or Pastor Date Signed

Name of Applicant

Signature of Applicant

**My signature above confirms that I will intentionally share my experience at society, zone and district events.**

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**DEADLINE FOR APPLICATION IS TWO (2)WEEKS PRIOR TO THE CUTOFF FOR EARLY REGISTRATION**

**Send Application to:**

**Martha Dubke**

**22865 Tuscan Avenue**

**Red Bluff , CA 96080**

**email: medubke53@yahoo.com**