

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
WASHINGTON-ALASKA DISTRICT
SCHOLARSHIP APPLICATION--RECOMMENDATION**

PLEASE give this your IMMEDIATE attention and return the completed form by **March 15, 2012** to Sarah Edwards, Scholarship Committee Chairman, LWML Washington-Alaska District, 22021 SE 270th St. Maple Valley, WA 98038-7418.

Applicant's Name: _____

Applicant's Address: _____
Street

_____ Applicant's Telephone #: (____) _____

City/State _____ ZIP _____
Home Church: _____ Church Telephone #: (____) _____

Church Address: _____
Street City/State ZIP

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1. How long have you known the applicant? _____ Relationship? _____

2. How does the applicant show through their life, conduct, and activities in the church that they love the Lord? _____

3. What talent(s) do you see the applicant having that will help them in their chosen career? _____

4. Do you know of any illness, disability, or lack of employment in the family that makes financial help more important? _____

5. Is there anything else in the family's circumstances that make financial help especially important to them? _____

6. Why would you recommend that the applicant receive a **LWML WA-AK District Scholarship**? _____

7. Additional comments or observations: _____

Print Name: _____

Signature: _____ Date: _____ Tel.: (____) _____

Address: _____

Email Address (optional) _____