



**Lutheran Women in Mission**  
**LWML Washington-Alaska District**  
**SCHOLARSHIP APPLICATION 2026-2027**  
(Due April 15, 2026)

**LWML Washington-Alaska District Scholarships - Information and Required Forms**

**Scholarships are available to students who meet the following requirements:**

1. The applicant is a communicant member of an affiliated congregation of The Lutheran Church - Missouri Synod (LCMS) within the LWML Washington-Alaska District.
2. The applicant is enrolled in an LCMS synodical school, and preparing to serve in the LCMS as a church worker (pastor, teacher, deaconess, social worker, Director of Christian Education, Family Ministry, Parish Ministry, Music Ministry, etc.).
3. Applications for an LWML Washington-Alaska District Scholarship must be made using the forms provided, completed and postmarked by April 15, 2026. Scholarship recipients will be determined annually and scholarships will be awarded for one year.
4. The Scholarship Committee will process all applications.
5. In order to be considered, the applicant must submit the following:
  - a. An official transcript of all current grades (including Fall 2025).
  - b. The completed scholarship application form with your financial data information.
  - c. A recent photo suitable for publication. Digital photos can be emailed to [kkcollins33@gmail.com](mailto:kkcollins33@gmail.com).
6. **NEW APPLICANTS ALSO NEED THE FOLLOWING ITEMS:**
  - a. A personal letter of 200 words indicating why the applicant desires a scholarship and why he/she is pursuing a church profession.
  - b. Two recommendation forms:
    - One from the pastor of the applicant's home congregation. \*If the pastor is the applicant's father, a recommendation from another church official should be submitted.
    - The second recommendation should come from a principal, an advisor, or other non-relative.
  - c. Please have the recommendation forms sent directly to Kim Collins by those providing the recommendations. We suggest that you provide them each with an addressed stamped envelope.

**No application will be considered without all required documents.**

**Scholarship applications must be:**

**Emailed to Kim Collins at [kkcollins33@gmail.com](mailto:kkcollins33@gmail.com) by April 15, 2026 or mailed to Kim Collins, 4305 S. Canter Circle, Wasilla, AK 99654 and postmarked by April 15, 2026.**

Please notify me by August 1, 2026 if you no longer qualify for this scholarship. May the Lord bless you as you seek to serve our Lord.

In Christian Love,

Kim Collins  
LWML Washington-Alaska District Scholarship Chairman



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**APPLICATION FOR LWML WA-AK DISTRICT SCHOLARSHIP** Repeat Applicant: YES \_\_\_ NO \_\_\_

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/State Zip Code

Applicant's Home Church: \_\_\_\_\_ Church Telephone: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City/State Zip Code

Pastor's Name: \_\_\_\_\_

How long has applicant been a member of this congregation? \_\_\_\_\_

College Attending: \_\_\_\_\_ College email: \_\_\_\_\_

College Address: \_\_\_\_\_  
Street City/State Zip Code

Current Class Year: \_\_\_\_\_ Declared Major: \_\_\_\_\_

Is the college on a semester or quarter system? \_\_\_\_\_

Applicant intends to become a: ( ) Pastor ( ) Teacher ( ) Deaconess ( ) DCE ( ) Other in LCMS

If other, please state: \_\_\_\_\_

***(Include the following 5 lines if parents/guardians are filing a FAFSA for you or are giving financial assistance.)***

Name of Parents or Guardians: \_\_\_\_\_

Address of Parents: \_\_\_\_\_  
Street City/State Zip Code

Telephone: \_\_\_\_\_

Occupation of Parents or Guardians: \_\_\_\_\_

Number and ages of other dependents: \_\_\_\_\_

***If married:*** Is spouse working/planning to work? \_\_\_\_\_

Please list the activities you participated in at school in the past year: \_\_\_\_\_

\_\_\_\_\_

Please list your church activities: \_\_\_\_\_

\_\_\_\_\_



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**FINANCIAL DATA FORM:**

Name of Applicant: \_\_\_\_\_

Have you received an LWML Washington-Alaska District Scholarship before: YES \_\_\_\_\_ NO \_\_\_\_\_  
Please clarify financial cost as accurately as possible.

**ANTICIPATED COSTS FOR THE FULL ACADEMIC YEAR**

List the institution's estimated cost of education for the 2025-2026 school year:

Room and Board (Living Expenses): \_\_\_\_\_

Tuition: \_\_\_\_\_

Books and Supplies: \_\_\_\_\_

Other Fees: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

**ANTICIPATED RESOURCES FOR THE FULL ACADEMIC YEAR**

List the applicant's estimated support and income for this year's education:

Family assistance (Parents/Guardians): \_\_\_\_\_

Spouse's earnings (if married): \_\_\_\_\_

Applicant's earnings/savings: \_\_\_\_\_

SUBTOTAL of these: \$ \_\_\_\_\_

Other Scholarships/Grants (Home congregation, etc., please list):

Received: \_\_\_\_\_

Received: \_\_\_\_\_

Received: \_\_\_\_\_

Received: \_\_\_\_\_

Other: \_\_\_\_\_

SUBTOTAL of these: \$ \_\_\_\_\_

Other applied for (pending): \_\_\_\_\_

Other applied for (pending): \_\_\_\_\_

Other sources (Loans, please list): \_\_\_\_\_

SUBTOTAL of these: \$ \_\_\_\_\_

**TOTAL OF ANTICIPATED RESOURCES - Total of All Subtotal Resources: \$ \_\_\_\_\_**

To the best of my belief and knowledge, the above statements are true and correct:

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/SPOUSE: \_\_\_\_\_

**This form shall be postmarked no later than April 15, 2026 and sent along with an official transcript of grades including Fall 2025 semester to:**

**Kim Collins  
Scholarship Committee Chairman  
LWML Washington-Alaska District  
4305 S. Canter Circle  
Wasilla, AK 99654**



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New Applicants Only: Please have two recommendation forms sent directly to Kim Collins, Scholarship Committee Chairman under separate cover by the following people:
1. Your pastor\* and 2. Someone who is NOT a relative, but can supply additional information about you.

RECOMMENDATION FORM:

PLEASE give this your IMMEDIATE attention and return the completed form postmarked by April 16, 2025 to Kim Collins, Scholarship Committee Chairman, LWML Washington-Alaska District, 4305 S. Canter Circle, Wasilla, AK 99654.

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_
Street City/State Zip Code

Home Church: \_\_\_\_\_

Church Telephone: \_\_\_\_\_

Church Address: \_\_\_\_\_
Street City/State Zip Code

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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 circumstance such as 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 makes financial help especially important to them?

\_\_\_\_\_

\_\_\_\_\_



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**RECOMMENDATION FORM • NEW APPLICANTS ONLY • CONTINUED:**

6. Why would you recommend that the applicant receive a LWML Washington-Alaska District Scholarship?

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City/State

Zip Code