



**Lutheran Women's Missionary League
Washington-Alaska District
SCHOLARSHIP APPLICATION 2025-2026
(Due April 15, 2025)**

Information and forms to apply for a scholarship from the LWML Washington-Alaska District Scholarship Fund.

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, 2025. Scholarship recipients will be determined annually and will be 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 2024).
 - 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.
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 mailed to Kim Collins, 4305 S. Canter Circle, Wasilla, AK 99654 and postmarked by April 15, 2025.

Please notify me by August 1, 2025 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, 2025 and sent along with an official transcript of grades including Fall 2024 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 15, 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

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 • NEW APPLICANTS ONLY • CONTINUED:

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

Printed Name: _____

Signature: _____

Date: _____ Telephone: _____

Email Address (optional): _____

Address: _____

Street

City/State

Zip Code