**MISSOURI DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE**
**SCHOLARSHIP APPLICATION (due postmarked by April 30, 2007)**

**Repeat Applicant: Yes ____ No _____**

**PERSONAL DATA**

Applicant's Name: _____ Date of Application:_____
Last First Middle

Home Address: _____

Date and Place of Birth: _____Email:_____

Married: _____ Name and Age(s) of Children: _____

**CHURCH MEMBERSHIP**

Are you a member of a **Missouri District** LCMS Congregation? _____ Number of years _____

Are you a member of an English District congregation located in Missouri? _____Number of years _____

Home Church: _____ Tel. #: (_____)_____

Church Address: _____
Street City/State Zip

Pastor's Name: _____

**EDUCATION**

Do you intend to go into full time church work for the LCMS? Yes _____ No _____ Don't know _____

What vocation or profession are you seeking? _____

If you plan to teach indicate which level you prefer. _____

What Synodical Seminary or University will you be attending this coming year? (include city and state)

_____
Seminary or University City State

What class level will you be enrolled in for the 2007-08 school year? _____

Will you be a full time student? First Semester: _____Second Semester:_____

Please list your extra curricular activities and interests:_____

_____

Please list your church activities: _____

_____

_____

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