

**MISSOURI DISTRICT LUTHERAN WOMEN'S MISSIONARY LEAGUE
STUDY GRANT APPLICATION (postmark on or before April 30, 2008)**

Repeat Applicant: Yes ____ No ____

LWML Zone _____

PERSONAL DATA

Applicant's Name: _____ Today's Date _____

Home Address: _____

Street

City

State

Zip Code

Home Telephone # (____) _____

E-mail Address _____

Date and Place of Birth: _____

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 which level do you prefer? _____

What Synodical Seminary or University will you be attending this coming year?

Seminary or University

City

State

What class level will you be enrolled in for the **2008-09** 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: _____