LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

Guidelines for the 2027-2028 Academic Year

Bethesda Lutheran Disability Ministries is offering up to $3,000 to Lutheran students pursuing undergraduate degrees and seminarian and post-graduate students that will prepare them for ministry (such as pastor, pre-seminary and deaconess studies, deaconess, director of Christian education, or special-needs teacher), **so they will have an opportunity to share Jesus' love and the Gospel message with people living with intellectual and developmental disabilities.**

***Scholarships will be awarded only twice to the same person.**

Eligibility Criteria for undergraduate students:

- Be an active, communicant member of a Lutheran congregation.
- Be classified as a junior or senior at an accredited 4-year college or university.
- Have a minimum overall GPA of 3.0 on a 4.0 scale.
- Have a career objective in the field of ministry with people living with intellectual and developmental disabilities, allowing opportunities to share the Gospel and Jesus' love with them and establish a wonderful relationship of shared faith.

Eligibility Criteria for seminarians and post-graduate students:

- Be an active, communicant member of a Lutheran congregation.
- Be a current college senior, a person accepted to begin seminary or post-graduate studies in the fall or currently classified as a first-year or second-year student at any Lutheran seminary. Students going on to their internship/vicarage year do not qualify.
- Have a commitment to include people living with intellectual and developmental disabilities within the local parish, giving them the opportunity to study God's Word and serve.

Application Requirements:

1. Completed application form.
2. Documentation of 100 hours of service to people living with developmental disabilities.
3. A 250–350-word essay on how the intended academic course of study will support your career in the field of intellectual and developmental disabilities ministry.
4. Four letters of recommendation (pastor, professor, and two non-family members).
5. An official college/university transcript(s).
6. Pictures of applicant volunteering/interacting with people with developmental disabilities. (required) Permission to use pictures will be required of each person in the picture.

Optional: Any other material that will assist the committed to better know the applicant.

Send the completed application in an envelope marked "Confidential."

Bethesda Lutheran Disability Ministries, Karen Carter
W18054 Stuve Rd, Whitehall, WI 54773

Questions: Karen Carter, President email: contact@BethesdaLDM.org

DEADLINE: Applications must be postmarked on or before <u>May 7, 2027</u>. Bethesda Lutheran Disability Ministries will review all applications and awards will be announced by July 1, 2027.

Bethesda Lutheran Disability Ministries

LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP

College and University Application
2027-2028 Academic Year

DEADLINE: Application must be postmarked on or before May 7, 2027.

Name _____

Home
Address_____

City _____ State _____ ZIP _____

Phone contact: Landline _____and/or Mobile _____

Email (print carefully)
_____

Home Church _____

Synod: LCMS_____ WELS _____ ELCA_____ELS_____NALC_____LCMC_____

Pastor(s) _____Telephone _____

Church Address _____

City _____ State _____ ZIP _____

High School _____ City _____ State _____

Graduation Date _____

COLLEGE/UNIVERSITY – CURRENT

Name _____ City _____ State _____
Current Status: Freshman _____Sophomore ___Junior ____
Expected Date of Graduation_____Major_____

COLLEGE/UNIVERSITY - PREVIOUS

Name_____City_____State_____

Dates attended: from _____to_____ Major_____

COLLEGE/UNIVERSITY - PREVIOUS

Name_____City_____State_____

Dates attended: from _____to_____ Major_____

EMPLOYMENT HISTORY

Company _____ Telephone _____

Supervisor's Name _____

Address _____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

Company _____ Telephone _____

Supervisor's Name_____

Address

_____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____ (month/year required)

Company _____ Telephone _____

Supervisor's Name _____

Address

_____

City _____ State _____ ZIP _____

Duties: _____

Dates Employed: from _____ to _____(month/year required)

VOLUNTEER HISTORY

Company/Org. _____ Telephone _____

Contact Name: _____

Address

_____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

Company/Org. _____ Telephone _____

Contact Name: _____

Address

_____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

Company/Org. _____ Telephone _____

Contact Name: _____

Address

_____

City _____ State _____ ZIP _____

Duties: _____

Dates: from _____ to _____ (month/year required) Hours: _____

HOW DID YOU LEARN ABOUT THIS SCHOLARSHIP?

Financial Aid Office Pastor/Church Parent

Website Publication

Other _____

To the best of my knowledge, the information I have submitted is true and correct as of the date of this application, and the essay submitted is my own original work. I understand it may be necessary for Bethesda Lutheran Disability Ministries to contact my schools, employers, and other persons to confirm and/or discuss any information comprising my application, and I hereby consent to disclosure of any such information and waive any claims that may arise as a result of such disclosure. In consideration of the possible receipt of financial assistance from Bethesda Lutheran Disability Ministries, I grant Bethesda Lutheran Disability Ministries all rights to publication or use of materials submitted as part of my application, and forever release any claim to ownership of said materials.

_____ _____

Applicant's Signature Date

Checklist:

Transcript

Letters of Reference (4)

Career Essay

Documentation of 100+ hours of service

Seminary Acceptance Letter (college seniors only)

Pictures working with people with disabilities and/or developmental disabilities (required)

Send the completed application package in an envelope marked **Confidential** to:

Bethesda Lutheran Disability Ministries
Karen Carter
W18054 Stuve Rd.
Whitehall, WI 54773

DEADLINE: Application must be postmarked on or before May 7, 2027.