



**WYOMING DISTRICT SCHOLARSHIP APPLICATION  
2019-20 SCHOOL YEAR**

*Deadline to apply: March 31st, 2020*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERMANENT ADDRESS: Street: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_

STUDENT MAILING ADDRESS: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Age(s) of dependent children living at home: \_\_\_\_\_

Name of LCMS Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Church Activities: \_\_\_\_\_  
\_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School/Community Activities: \_\_\_\_\_  
\_\_\_\_\_

College(s) Attended (include years and location): \_\_\_\_\_

Principal or Academic Advisor and address (latest school attended):  
\_\_\_\_\_

Current Academic Institution: \_\_\_\_\_ grade level: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Pastoral Ministry \_\_\_\_\_ Teaching

\_\_\_\_\_ Deaconess \_\_\_\_\_ Director of Christian Education

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

Have you received other financial aid: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list scholarship or grants and amounts received the past year:

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If yes, list scholarship/grants and amounts received for coming year:

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To help with decisions of need, please list the following:

Individual Income: \_\_\_\_\_

Family Income per year (approx.): \_\_\_\_\_

Family Support: \_\_\_\_\_ YES \_\_\_\_\_ NO

Projected Graduation Date: \_\_\_\_\_

Name and address of newspaper to notify if you are chosen:

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Please mail completed application, postmarked no later than March 31st, 2020 to:

Shurie Scheel

LWML VP of Human Care

527 Warren St

Thermopolis, WY 82443

Or email to: [shuriescheel@gmail.com](mailto:shuriescheel@gmail.com) no later than March 31st, 2020