



Dear Applicant:

We are happy that you are thinking of attending a college of the ELCA and know that it will be a blessing to you, your family, and your career. To be eligible for a scholarship from the Northwestern Minnesota Synodical Women's Organization, you must meet the following criteria:

1. Be a graduating High School Senior with a "C" average or above.
2. Be a member of an ELCA Church.
3. Be a resident of the Northwestern Minnesota Synod of the ELCA.
4. Be attending an ELCA College.

Students receiving a tuition discount because their parent(s) are employed at an ELCA college would NOT be eligible.

It is the responsibility of the applicant to have the pastor and school administrator complete the form and return it to the applicant. **The enclosed application, properly signed must be completed and postmarked no later than April 30 of each year.** The Scholarship Committee will meet shortly thereafter to determine eligibility.

The scholarship is awarded to second semester college freshmen to be used for tuition or books. If sufficient funds are received from the local congregational units of the NW MN Women of the ELCA, \$250.00 per eligible applicant will be allocated. It will be matched by most of the ELCA colleges that our students attend. The scholarship money is sent directly to the college. Students will be notified by the end of May of the scholarships awarded.

Please contact me with any questions you may have.

Yours in Christ,

Luella Thom  
NWMN Synodical Women's Organization  
Vice President  
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Carlos MN 56319  
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320-852-7701



**Student Scholarship Application**  
**For High School Seniors Applying to an ELCA College**  
**NW MN Synodical Women's Organization**

Name (include middle initial): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_

Name and full mailing address of congregation of which you are a member:  
\_\_\_\_\_

Pastor's Name: \_\_\_\_\_

List church organizations which you are in, or have belonged to and offices you have held:  
\_\_\_\_\_  
\_\_\_\_\_

List school & community organizations you are in, or have belonged to and honors or recognitions you have received:  
\_\_\_\_\_  
\_\_\_\_\_

Complete name and address of the ELCA (Evangelical Lutheran Church of America) College/ University you plan to attend after graduation from high school: \_\_\_\_\_  
\_\_\_\_\_

What career do you have in mind after completing college? \_\_\_\_\_  
\_\_\_\_\_