

# **LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP**

## **Guidelines for the 2024-2025 Academic Year**

**The Auxiliary Scholarship Committee 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 committee to better know the applicant.

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

**AbleLight, Inc., Jenna Wegner**  
600 Hoffmann Dr. Watertown, WI 53094

**Questions: Jenna Wegner 920-206-4426 or**  
**[jenna.wegner@ablelight.org](mailto:jenna.wegner@ablelight.org)**

**DEADLINE: Applications must be postmarked on or before May 10, 2024. Bethesda Auxiliary Scholarship Committee, in partnership with AbleLight, will review all applications and awards will be announced by July 1, 2024.**

**Bethesda Auxiliary in partnership with AbleLight, Inc.**  
**LUTHERAN STUDENT SCHOLASTIC AND SERVICE SCHOLARSHIP**

**Seminary Application**  
**2024-2025 Academic Year**

**DEADLINE: Application must be postmarked on or before Friday, May 10, 2024.**

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 \_\_\_\_\_ Grad Year: \_\_\_\_\_

**COLLEGE/UNIVERSITY**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_ GPA \_\_\_\_\_ Degree Earned \_\_\_\_\_

**For College Seniors Only**

Accepted by Seminary: \_\_\_\_\_

To begin: \_\_\_\_\_ Date (Copy of acceptance letter must be attached)

**SEMINARY – CURRENT**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYMENT HISTORY

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Duties: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ (month/year required)

Company \_\_\_\_\_ Telephone \_\_\_\_\_

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: \_\_\_\_\_

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

☐ Internet

☐ AbleLight 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 AbleLight 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 AbleLight, I grant AbleLight 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

☐ Career Essay

☐ Letters of Reference (4)

☐ 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:

AbleLight, Inc.  
Attn: Jenna Wegner  
600 Hoffmann Dr.  
Watertown, WI 53094

**DEADLINE: Application must be postmarked on or before May 10, 2024.**