



## Bold Journey Scholarship

4406 Georgia Ave NW, Washington, DC 20011 | [LSSNCA.org](http://LSSNCA.org)  
[HaineS@LSSNCA.org](mailto:HaineS@LSSNCA.org) | (202) 723-3000 x. 138

### APPLICATION

Lutheran Social Services of the National Capital Area (LSS/NCA) website [LSSNCA.org](http://LSSNCA.org) offers guidance in completing your materials, samples of responses, and other competition information. This form must be completed by the applicant and received in the LSS/NCA office no later than **Tuesday, July 25, 2017**. Mail to: LSS/NCA Attn: Susan Haine, 4406 Georgia Ave NW, Washington, DC 20011.

I, \_\_\_\_\_ have read and understand the conditions of the **LSS/NCA Bold Journey Scholarship**. I affirm that I am a **Qualified Candidate** as defined in this application. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the Scholarship program. I understand that this application will be available only to qualified people who will review it in the course of their duties. I waive the right to access letters of recommendation written on my behalf.

If selected for a Bold Journey Scholarship, I agree to attend the **LSS/NCA Orientation Day and Awards Ceremony** in Washington, DC and will annually communicate with LSS/NCA to report on my studies.

I affirm that all of this application is my own work. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Applicant Legal name in full (Print/Type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Home ☐ Mobile ☐ Other ☐

E-mail address: \_\_\_\_\_

Date of Birth (Month Day, Year): \_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

FULL NAME: \_\_\_\_\_

I am **Qualified Candidate** because:

☐ I am either a US citizen or a non-US citizen who is NOT on a published "Specifically Designated Nationals" terrorism watch list.

☐ I am currently or was in the past 10 years served by a program of LSS/NCA. Please indicate the years in which you were involved with LSSNCA: \_\_\_\_\_

Have you previously received the Bold Journey Scholarship or any other scholarship from LSS/NCA? ☐ YES ☐ NO If so, when? \_\_\_\_\_

**Please answer the questions below.**

**Education:** Current or most recent educational institution:

\_\_\_\_\_

Location (Address): \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Program: \_\_\_\_\_  
(High School, Associate's Degree, Baccalaureate, Vocational/Certificate, Graduate Degree)

**Attach copy of the academic records of the most recent school terms. If you are unable to attach a copy of academic records please provide a brief explanation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Activities.** List college and high school activities (student government, sports, publications, etc.). List in descending order of significance. You will have space for four school activities.

Activity (1): \_\_\_\_\_

Dates: \_\_\_\_\_ Offices: \_\_\_\_\_

Activity (2): \_\_\_\_\_

Dates: \_\_\_\_\_ Offices: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

Activity (3): \_\_\_\_\_

Dates: \_\_\_\_\_ Offices: \_\_\_\_\_

Activity (4): \_\_\_\_\_

Dates: \_\_\_\_\_ Offices: \_\_\_\_\_

**3. Community Service Activities.** List up to 4 public service and community activities (homeless services, work with religious organizations, etc.). Do not repeat items listed previously.

Activity (1): \_\_\_\_\_

Role: \_\_\_\_\_

Dates: \_\_\_\_\_ # of Weeks Active: \_\_\_\_\_

Activity (2): \_\_\_\_\_

Role: \_\_\_\_\_

Dates: \_\_\_\_\_ # of Weeks Active: \_\_\_\_\_

Activity (3): \_\_\_\_\_

Role: \_\_\_\_\_

Dates: \_\_\_\_\_ # of Weeks Active: \_\_\_\_\_

Activity (4): \_\_\_\_\_

Role: \_\_\_\_\_

Dates: \_\_\_\_\_ # of Weeks Active: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

**4. Employment.** List part-time and full-time jobs and internships over the past 6 years.

Type of Work/Role	Employer	Dates	Number of Hours/Wk

**5. Awards.** List any awards, scholarships, or special recognitions you have received.

---

---

---

---

**6. Achievements.** Describe a recent particularly satisfying achievement or activity (do not repeat experience described elsewhere). (The writer of your recommendation letter must confirm this experience.)

---

---

---

FULL NAME: \_\_\_\_\_

---

---

---

---

**7. Proposed Study.** What goal do you hope to achieve through the educational study that you plan to use the scholarship funds for?

---

---

---

---

---

**8. Anticipated Success.** Describe why you believe you will be successful in the program you have selected?

---

---

---

---

---

**9. Goal of Education.** What do you hope to do in the future and what position do you hope to have upon completing your studies?

---

---

---

---

---

FULL NAME: \_\_\_\_\_

**10. Additional Information.** What additional personal information do you wish to share with the LSS/NCA Scholarship Committee for consideration in awarding the Bold Journey Scholarship?

---

---

---

---

---

*Lutheran Social Services of the National Capital Area prohibits discrimination against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, or national or ethnic origin in the administration of its scholarship programs.*