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**Bold Journey Scholarship**

**Lutheran Social Services of the National Capital Area**

**This application and all attachments are due April 5, 2018**

**All scholarship funds must be applied to the described educational program prior to January 10, 2019.**

This application includes:

1. A copy of my school transcript (unless you have provided a reason at paragraph 1 (c) why you cannot include the transcript) \_\_\_\_\_ (initial)
2. A recommendation from a teacher, LSS/NCA caseworker or other staff member, mentor provided through LSS/NCA \_\_\_\_\_ (initial)
3. An executed copy of the Media and Photo Release Form \_\_\_\_\_ (initial)
4. An executed copy of the Certification and Disclosure Form \_\_\_\_\_ (initial)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the conditions of the LSSNCA Scholarships Call for Applications, Bold Journey Scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf.

If selected for a LSSNCA Bold Journey Scholarship, I agree to attend the LSSNCA Orientation Day and Awards Ceremony, in Washington, DC and will annually communicate with LSSNCA 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal name in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print/Type)

**Bold Journey Scholarship**

**Lutheran Social Services of the National Capital Area**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* I am currently or was in the past 10 years served by a program of LSS/NCA.

State years served by LSS/NCA and the LSS/NCA program\_\_\_\_\_\_\_\_\_\_\_

Have you received a LSS/NCA scholarship before?

* Yes When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Please answer the questions below.**

**1. Education.**

1. **Recent education. Current or most recent educational institution**

I currently attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school, city, state, country)

OR

My most recent education was at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of school, city, state, country)

My most recent studies began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

My most recent studies ended (or will end)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Indicate the education level you have achieved**

High School degree

* GED
* Other

|  |  |  |
| --- | --- | --- |
|  | Field of Study | Date of Degree |
| Associate’s Degree |  |  |
| Baccalaureate |  |  |
| Vocational Certificate |  |  |
| Graduate Degree |  |  |

1. **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. Proposed Study**

I plan to use the scholarship funds to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of school)

I will be enrolled in a (select one):

* Certificate (less than 1 year) Program
* Associates degree (2 year) program
* Undergraduate degree (4 year) program

I plan to take the following courses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I plan to major in the following subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will use this education to obtain a position as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of job title or industry)

**3. School Activities**

List college and high school activities (student government, sports, publications, etc.).

**COLLEGE:**

College Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL**

High School Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Community Service Activities.** List up to 2 public service and community activities (homeless services, work with religious organizations, etc.). Do not repeat items listed previously.

|  |  |  |
| --- | --- | --- |
| Activity/Organization | Role/Position | Dates (Start/End) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Type of Work/Job Title | Employer | Dates (Start/End) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 letter of recommendation must confirm this experience.)

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

**8. Additional Information.** What additional personal information do you wish to share with the LSSNCA Scholarship Review Committee?

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

Legal name in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print/Type)