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**2020 Bold Journey Scholarship**

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

**This application and all attachments are due February 17th 2019. Submit by email to** LSSNCAScholarships2020@lssnca.org **or hard copy to Susan Haine at Lutheran Social Services, 4406 Georgia Ave. NW, Washington, DC 20011.**

**All scholarship funds must be applied to the described educational program prior to January 17, 2021 NO FUNDS WILL BE AVAILABLE AFTER THAT DATE. \_\_\_\_\_\_\_ (initial)**

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, LSSNCA caseworker or other staff member, mentor provided through LSSNCA \_\_\_\_\_ (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 Bold Journey Scholarship. I understand that my completed 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 communicate with LSSNCA to report on my studies at the end of each semester.

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)

**2020 Bold Journey Scholarship**

**Lutheran Social Services of the National Capital Area 2019**

**Please print or type this application:**

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: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Anticipated schedule below:

* Summer 2020 June 1, 2020 to July 31, 2020: $\_\_\_\_\_\_
* Fall 2019 Aug. 1,2020 to Sept. 30, 2020: $\_\_\_\_\_\_
* Winter 2020 Oct. 1, 2020 to Jan. 20, 2021: $\_\_\_\_\_\_\_
* I am currently served by a program of LSSNCA.
* I was served by an LSSNCA program after January 1, 2015 but before January 30, 2020 State years served by LSSNCA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. 08.01.2016 to 10.10.2018)

and the LSSNCA program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( program i.e. RIS, URM)

Have you received a LSSNCA scholarship before?

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

**1. Education.**

1. **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. **Education level you have achieved**
* High School Diploma
* GED
* Other

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

1. **Attach a copy of your most recent academic records. If you are unable to attach a copy of your 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
* Associate’s 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 held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH SCHOOL:**

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

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

Offices held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Community Service Activities.** List up to 5 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)

**Certification and Disclosure**

**2020 Scholarship Application**

Name (please print or type)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

*Parent/guardian must sign for children under age 18.*

I understand that, as a scholarship recipient, my connection with LSSNCA may be used to promote Lutheran Social Services of the National Capital Area programs including the scholarship program (Bold Journey and Dr. Elizabeth Kreiser Weisburger Scholarships). Therefore it is important that the scholarship be awarded to an individual whose past actions will not adversely affect the reputation of LSSNCA.

LSSNCA requires that all scholarship recipients disclose the following information:

1. Have you ever been convicted of a misdemeanor or felony other than minor traffic violations? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please initial) No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please initial)
2. I am a US citizen

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please initial) No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please initial)

1. I am on a published “Specifically Designated Nationals” terrorism watch list. (non-US citizens only)

False\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please initial) True\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please initial)

**I certify that the statements made in this Certification and Disclosure are true and correct and have been given voluntarily.**

 Self or parent name (please print or type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Media & Photo Release Form**

**2020 Scholarship Application**

Name (please print or type)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

*Parent/guardian must sign for children under age 18.*

**Media release**

\_\_\_\_\_ I hereby permit LSSNCA to:

1. photograph/interview me/my child in connection with the scholarship awarded by LSSNCA; and
2. to release and publish the name, photograph, this interview material, and story based upon the application submitted.

 I understand that this material may be used to promote Lutheran Social Services of the National Capital Area programs, including the scholarship program (Bold Journey and Dr. Elizabeth Kreiser Weisburger Scholarships), in various publications, public affairs releases, recruitment materials, or for other related endeavors.  This material may also appear on the LSSNCA website.

I understand that I will receive no remuneration for the use of this story, material, or image.

Self or parent name (please print or type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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