

**Elizabeth Kreiser Weisburger 2020 Scholarship Lutheran Social Services of the National Capital Area**

**This application and all attachments are due February 17, 2020. 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 the Executive Director or CEO of a Lutheran Social Ministry organization \_ \_ (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 Dr. Elizabeth Kreiser Weisburger Scholarship (“Weisburger 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 Weisburger Scholarship, I agree:

1. To attend the LSSNCA Orientation Day and Awards Ceremony in Washington, DC.
2. To annually communicate with LSSNCA as agent for Dr. Weisburger to report on my studies. Communications are expected at the end of each semester.
3. To provide LSSNCA with a letter thanking Dr. Weisburger for the scholarship.

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)

**Elizabeth Kreiser Weisburger Scholarship 2020**

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

**Please print or type this application:**

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

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

City \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ \_\_\_ Zip \_\_\_\_1\_\_\_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Scholarship Amount Requested: $\_\_\_\_\_\_\_\_\_. Anticipated schedule below: **CONFORM TO BOLD JOURNEY**

* Summer 2020 June 1, 2020 to July 31, 2020: $\_\_\_\_\_\_
* Fall 2020 Aug. 1,2020 to Sept. 30, 2020: $\_\_\_\_\_\_
* Winter 2021 Oct. 1, 2020 to Jan. 20, 2021: $\_\_\_
* I am a client of a Lutheran Social Ministry organization in ELCA DC Metro Synod (circle applicable organization).
* Community Family Life Services
* Lutheran Social Services of the National Capital Area, Inc.
* N Street Village
* National Lutheran Communities and Services
* New Course Restaurant and Catering
* Southeast Ministry
* Housing Up

State years served by program. From 20\_\_ to 20\_\_\_\_\_\_\_

**I understand that any individual who qualifies by virtue of relationship with a Lutheran Social Ministry organization must be nominated by the organization. To be nominated please submit this application to that organization for review. No application will be accepted directly from an applicant but must be forwarded by the organization.**

Have you received a LSSNCA or Weisburger 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 |  |  |
| 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):

* 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) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**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) |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**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/or 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 No\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ (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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_