



2022 Bold Journey Scholarship

Lutheran Social Services of the National Capital Area

This application and all attachments are due by March 11, 2022.

Submit by email to LSSNCA.BoldJourney2022@lssnca.org or hard copy to the address below:

ATTN: Jacob Barclay
Lutheran Social Services
1730 Rhode Island Ave. NW, Suite 712
Washington, DC 20036

Please initial (first letter of your first and last name) the following statements to reflect your understanding of Bold Journey Scholarship requirements:

I understand that any and all scholarship funds must be applied to the described educational program prior to January 22, 2023. *No funds will be available after this date.* initial:

I certify my application includes the following attachments:

1. A copy of my school transcript (unless you have provided a reason in Section 1c why you cannot include a transcript) initial:
2. A recommendation letter from a teacher, LSSNCA case manager or other staff member, or mentor provided through LSSNCA initial:
3. A signed copy of the Media and Photo Release Form initial:
4. A signed copy of the Certification and Disclosure Form initial:

Please complete the information below:

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 persons who need to review it in the course of their duties. I waive the right to access letters of recommendation written on my behalf.

If selected for an LSSNCA Bold Journey Scholarship, I agree to communicate with LSSNCA to report on my studies at the end of each semester.

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

Signature:

Date:

Full Legal Name:

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Lutheran Social Services of the National Capital Area

Please print or type this application and submit before February 28, 2022.
To indicate your answers, fill in the blanks, circle/highlight, or write "X" as necessary.

Contact Information

First Name: Last Name: Middle Initial:
Address:
City: State: Zip:
Phone: -
Email:
Date of Birth: / / (Month/Day/Year)
City, State and Country of Birth:

Bold Journey Scholarship Funds Requested

Total Funds Requested: \$

Please complete the chart below:

Semester	Timeline	Amount of Funds Requested
Summer 2022	June 1, 2022 to July 31, 2022	\$ 0
Fall 2022	Aug. 1, 2022 to Sept. 30, 2022	\$
Winter 2022-23	Oct. 1, 2022 to Jan. 20, 2023	\$
Total Scholarship Funds Requested		\$

LSSNCA Client and Scholarship History

1. Are you a current LSSNCA client? Yes No

If you answered “No” above, please list the approximate dates that you received LSSNCA services:

/ - / (Month/Year)

- 2. Which program are/were you served by? Select one: Youth Mentorship Program**

Refugee & Immigrant Services (RIS)

CARE for Newcomers (Migrant Support Services)

Unaccompanied Refugee Minors (URM)

Youth Development & Wellness (YDW) / Youth Haven & Healthy Relationships

- 3. Who is/was your case manager (or key support staff member)?**

Staff Name (First & Last):

4. Have you received an LSSNCA scholarship before? Yes No

- a. If you answered "Yes" above, please list the award date(s) of the scholarship(s):

1. Education

a. Current or most recent educational institution

I *currently* attend

My *current* studies began / / (Month/Day/Year),

and will end / / (Month/Day/Year)

-OR-

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My *most recent* studies were at
is located in

(Name of School), which
(City, State, Country).

My *most recent* studies began

/

/

(Month/Day/Year),

and ended

/

/

(Month/Day/Year).

b. Education level you have achieved

Education	Completed?	Field of Study (if applicable)	Date of Degree (if applicable)
High School Diploma		-	
GED		-	
Associate's Degree			
Bachelor's Degree			
Graduate Degree			
Vocational Certificate			
Other			

c. Academic records

Attach a copy of your most recent transcript of academic records. If you are unable to do so, please provide a brief explanation below or attached (1-3 sentences).

2. Proposed Study

a. Proposed use of scholarship funds

I plan to use the scholarship funds to attend:

(Name of Institution)

I will be enrolled in a (select one):

Certificate program (less than 1 year)

Associate's degree program (2 year)

Undergraduate degree program (4 year)

Graduate degree program

Vocational training program

Other

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b. Coursework plan

I plan to take (enroll in) the following course(s):

I plan to major in the following subject(s):

c. Vocational aspirations

I will use this education to obtain a position as a: (Job Title or Industry)

I am interested in pursuing this job/industry because:

3. School Activities

List any college and high school-related activities (e.g., student government, sports, publications), including offices or leadership positions held.

a. College

College Activity	Role/Position	Start Date	End Date
1.			
2.			
3.			

b. High school

High School Activity	Role/Position	Start Date	End Date
1.			
2.			
3.			

4. Community Service Activities

List up to 5 public service and community activities (e.g., homeless services, work with religious organizations). Do not repeat items listed previously.

Activity/Organization	Role/Position	Start Date	End Date
1.			
2.			
3.			
4.			
5.			

5. Employment

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

Type of Work/Job Title	Employer/ Organization	Start Date	End Date
1.			
2.			
3.			
4.			
5.			

6. Awards

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

7. Achievements

Describe a recent personal achievement or activity that was particularly satisfying or rewarding.

8. Anticipated Success

Describe why you believe you will be successful in the program you have selected.

9. Additional Information

What additional personal information do you wish to share with the LSSNCA Scholarship Review Committee?

Signature:

Date:

Full Legal Name:

Certification and Disclosure

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Name (please print or type):

Age:

Note: Parent/guardian must sign for children under the age of 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** **No**
2. Are you a US citizen? **Yes** **No**

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):

Signature:

Date:

Telephone:

Email:

Home Address:

Media & Photo Release Form

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Name (please print or type):

Age:

Note: Parent/guardian must sign for children under the age of 18.

Please initial the statements below:

I hereby permit LSSNCA to:

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

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):

Signature:

Date:

Telephone:

Email:

Home Address: