[](http://rmselca.org/)

Rocky Mountain Synodical Women's Organization

**SCHOLARSHIP**

**Scholarship Guidelines**

**The Rocky Mountain Synod Women of the ELCA Board will administer the synod’s Women of the ELCA Scholarship Programs acting in good faith and within the Rocky Mountain Synod Women of the ELCA By-Laws. The Treasurer will collect and distribute applications to entire Board or a designated committee appointed by the Board. A recommendation with names and amount to be awarded will be approved by a majority of Board members.**

***Scholarships***

1. **Scholarships are based on available monies and the criteria associated with the original funds.**
2. **Each scholarship up to $500 is awarded for only one event per year.**
3. **Scholarships may be awarded only twice during a three year period for the same recipient.**
4. **Scholarship will be for Continuing Education and/or Certification pursuits.**

***Scholarship policies***

1. **Deadlines – Scholarship applications must be submitted before the established deadline for the event.**
2. **Funds are Specific – All scholarships are specific for the purpose they are awarded. Disbursement is made directly to the applicant.**
3. **Other conditions – Other situations not covered in these policies will be considered on an individual basis by the Scholarship Committee within the Women’s Organization Board.**
4. **Any questions should be referred to the Treasurer on the Board.**
5. **Scholarship applications must be returned to the designated address and postmarked by the deadline.**
6. **Applicants will be notified of decision in all instances. Those applicants awarded a scholarship will receive a certificate.**

***Application Requirements***

1. **Complete application form.**
2. **Testimonial of interest in attendance and applicant’s plans following event.**
3. **Estimates of expenses other than registration.**
4. **Personal letters of recommendation/reference (2 letters from church leader, Pastor, or Women of the ELCA organization.)**

***Criteria for Selection***

**Applicant must meet criteria A or B**

1. **Applicant is an active member of Women of the ELCA (for the past 12 months or has been a member for that period of time for twelve of the past 24 months.**
2. **Applicant is recommended by an active member of the Women of the ELCA who has known the applicant for a minimum of 2 years.**

**Return completed application to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION**

**Name** (Last, first) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** (number and street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone** (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Congregation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Length of active membership**\_(dates)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation from Applicant describing reasons for requesting funds and providing a statement of goals:**

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**Church Experience:**

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**Community Participation:**

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**References complete with Name, Address and Phone Number:**

Please provide two letters of recommendation/reference.

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**Testimonial of interest in attendance and applicant’s plans following event.**

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**Estimate of expenses other than registration to attend the event.**

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**For Board approval:**

**Amount Awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date awarded \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Board Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**