

## MONTANA DISTRICT LWML SCHOLARSHIP PERSONAL INFORMATION FORM

PLEASE TYPE OR PRINT PLAINLY.

Application date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

While in school, give any address, phone, e-mail, if different from above:

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION:**

If single, list father, mother, and siblings  
 If married, list spouse and children.

Name of family member	Age	Relationship	Living at home?	Occupation	If in school,	
					Grade	School Name

**TOTAL ANNUAL FAMILY INCOME FROM LAST YEAR'S FEDERAL INCOME TAX RETURNS**

	Applicant's Income	Parents' Income	Spouse's Income	Total Family Income
If dependent			N/A	
If married		N/A		

**Provide additional information you would like the committee to know about your family's financial situation:**

Scholarship Personal Information – Page 2

Name of Congregation: \_\_\_\_\_ Pastor: \_\_\_\_\_

1. Describe your church activities:

2. Describe School/Community Activities:

3. High school attended/ date of graduation: \_\_\_\_\_

4. College(s) attended (year and location):

5. Principal or Academic Advisor (latest school attended)

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

6. Name and location of college you will attend: \_\_\_\_\_

7. Field of study: Ministry \_\_\_\_\_ Teaching: \_\_\_\_\_ Deaconess: \_\_\_\_\_ DCE: \_\_\_\_\_ Other (please specify below)

8. Name and address of newspaper to be notified if you are a recipient. (A picture for publicity purposes will be requested if you are a recipient.)

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