

NTNL SWO Continuing Education Scholarship Application

Name: _____

Address: _____

City, State, Zip: _____

Phone number: Day _____ Night _____

Email address: _____

Age: _____

Marital Status: _____

Ages of dependent children: _____

Name of your ELCA Congregation: _____

Congregation City and State: _____

Education

List schools attended, starting with high school.

Institution

Diploma/Degree

Dates Attended

Professional or Occupational Background

List most recent position first.

Position Dates of Employment Reason for Leaving

Proposed Studies

Name of university or institution: _____

City and State: _____

Course of Study: _____

Starting date: _____ Expected Graduation date: _____

Program: _____

Starting date: _____ Expected completion date: _____

Financial Information

Program costs: Tuition _____ Books and Supplies: _____

Written Response (You may submit these answers on a separate sheet of paper.)

1. What are your career goals?
2. How will this course of study advance your career goals?
3. How are you involved in Women of the ELCA?