



Mission Scholarship Application Form

Iowa District West, LCMS

409 Kenyon Rd Suite B | Fort Dodge, IA 50501 | 515-576-7666

Instructions:

1. Please review and (either electronically or by hand) complete the below information.
2. Applicant and pastor both sign the Application Form.
3. Return completed form to Missions, Human Care, and Stewardship Executive Assistant, Rev. Mark Gerken (mark@iowadistrictwest.org or above address) no later than two weeks prior to the event date. The scholarship check will be made out to your home congregation.

Personal Information:

Applicant Name: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Home Congregation: _____

Scholarship Information:

Event Name: _____

Location: _____ Date: _____

Please briefly share what you hope to gain by attending this event:

Please briefly share how you envision utilizing what you gain, including your target group to reach for the Kingdom:

What do you hope will be different in you, your congregation, or the Kingdom as a result of your attendance?

Applicant Signature: _____

Pastor Signature: _____