

Application for Ruth Armel Scholarship

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Family information (marital status, husband's name, # children, etc. as applicable):

Work information:

Church: _____ Pastor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Describe your church activity:

Describe your LWML activity:

Describe your community activity:

Why I wish to attend the District Convention (can be taped):

I promise to submit written or taped impressions of the Convention to the District.

Signature Date

As pastor of the above signed applicant, having read the purpose of the scholarship and applicant's qualifications, I sign this to certify that 1) she attends church and communion regularly, and 2) she qualifies for this scholarship.

Pastor's signature Date

LWML Society President's statement enclosed.