

Shawnee County Lutheran Education Foundation, Inc.
2709 SW 29th St., Suite 101, Topeka KS 66614
LutheranEdFoundation@outlook.com

Application for Scholarship Assistance
(applicant must intend to become called church worker and serve in a LCMS congregation)

Deadline: July 1, 2026

Option 1: Email scanned application to: LutheranEdFoundation@outlook.com

Option 2: Mail application to Foundation Office, ATTN: Marlene Shellenberger at address top of page

Application will be used by the Scholarship Review Committee for the sole purpose of review and determination of amount of scholarship grant, and information provided on application will be kept confidential. It is the applicant's responsibility to report amount of scholarship grant as required by law to appropriate federal and state agency(ies).

SECTION I: The following to be completed by the STUDENT

New Application: _____ Renewal: _____ Class Level (for upcoming academic year): _____

Name (Last, First, MI): _____ Date of Birth: _____

Permanent Home Address: _____ City/State: _____ Zip: _____

Temporary School Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____ Marital Status: _____

Total # of Dependents: _____ Spouse? (Y/N) _____ # of Children: _____

Do you intend to enter full-time church work? _____ Major Course of Study _____

Home Congregation: _____ City/State/Zip: _____

Pastor's Signature: _____

Note: The Financial Aid Officer has my permission to share the information below with the Shawnee County Lutheran Education Foundation.

Period of Aid: (Mo)___/(Yr)___ to (Mo)___/(Yr)___ Applicant Signature: _____ Date: _____

SECTION II: The following to be completed by the COLLEGE or SEMINARY

Name of College or Seminary _____ Address _____ City/State/Zip _____

Period of Aid: (Mo)___/(Yr)___ to (Mo)___/(Yr)___ Student Class Level: _____

Estimated Cost of Education for Aid Period: _____ Estimated Gift Aid for Award Period: _____

Comments _____ Program of Study _____

I hereby certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer: _____ Date: _____

