



# Lutheran Women's Missionary League–New England District Short-Term Missionary Project Scholarship Application

**Please return completed application to:**

Sharon Dever, LWML-NED Vice President of Gospel Outreach,  
105 Moody Avenue, Fairfield, CT 06625  
or via email to [GospelOutreach@lwml-ned.org](mailto:GospelOutreach@lwml-ned.org).

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
street city state zip code

Home Phone Number (with area code): \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Home Church: \_\_\_\_\_

Church Address: \_\_\_\_\_  
street city state zip code

Pastor: \_\_\_\_\_

Dates of Mission Project: \_\_\_\_\_

Describe the purpose of the mission project:

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Describe your motivation for participating in this mission project:

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Pastor's Recommendation:

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\_\_\_\_\_  
Pastor's Signature

Upon my return from the mission project, I agree to share my experiences with the District organizations and/or churches and other groups when reasonably requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date