**Individual Application for LWF Scholarship 2025**

Name of Endorsing Church: -------------------------------------------------------

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Full Name : -----------------------------------------------------------------------

Title : -----------------------------------------------------------------------

First Name : -----------------------------------------------------------------------

Last Name : -----------------------------------------------------------------------

Gender : (Male / Female) -------------------------------------------------------

Date of Birth : -----------------------------------------------------------------------

Place of Birth: -----------------------------------------------------------------------

Father’s Name: -----------------------------------------------------------------------

Mother’s name: -----------------------------------------------------------------------

Nationality : -----------------------------------------------------------------------

Marital Status: (Single/Married/Divorced/Widowed) -------------------------

If married, number of children: -------------------------------------------------------

Do you have any relatives in the Church leadership? ---------------------------

If yes, please indicate the name and position of your relative and relationship with you.

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**Contact Details**

Postal Address: -----------------------------------------------------------------------

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Postal code : -----------------------------------------------------------------------

Phone No. : -----------------------------------------------------------------------

Email : -----------------------------------------------------------------------

**Educational Background**

Your highest academic level: -------------------------------------------------------------

Study program: -----------------------------------------------------------------------

Study institution: -----------------------------------------------------------------------

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**Language Skills**

Mother tongue: -----------------------------------------------------------------------

How many additional languages do you know?

1. -----------------------------------------------------------------------
2. -----------------------------------------------------------------------
3. -----------------------------------------------------------------------
4. -----------------------------------------------------------------------

**Proposed Training/Study Program**

Area of study/Training: (tick any one)

* Theology
* Diakonia/Development

Level of Study/Training: (tick any one)

* Bachelor’s Degree
* Master’s Degree
* Ph.D.
* Other (to fill in)

Field of Study/Training: ---------------------------------------------------------------------

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Name and Place of Study/Training: -----------------------------------------------------

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If you plan to study abroad, please give reasons:

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Have you been admitted yet?: Yes/No -----------------------------------------------------

Start date: -----------------------------------------------------------------------

Expected End date: ---------------------------------------------------------------------

Duration of support needed: -----------------------------------------------------------------

(eg. 4 weeks, 6 months, 1 year, 2 years, etc.)

**Engagement in Church and Motivation**

Please give us a short overview of your previous and/or current service

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How the knowledge and skills gained through your proposed studies will benefit the church and/society?

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Have you discussed with your church leadership on your future position/role after completion of your studies?

Yes/No -------------------------------------------

If yes, what is the planned future role agreed with your church?

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Please indicate at least one positive change in your church/community that you are committed to contribute to after completion of your studies.

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**Costs of Proposed Study/Training Program**

**Proposed Budget - Per year**

Fees as per the official fee structure: -----------------------------------------------------

Accommodation: -----------------------------------------------------

Food: -----------------------------------------------------

Local Transportation -----------------------------------------------------

Other -----------------------------------------------------

**Total of LWF financial support requested: ---------------------------------------------**

**(per year)**

**Indicate an amount in euros requested to LWF : EUR --------------------------------**

**(per year)**

**Financial Situation of the Candidate**

Own income per year (currency and amount): ---------------------------------------------

Spouse's income per year (currency and amount): -------------------------------------

Parent's income per year (currency and amount): -------------------------------------

Have you applied or do you intend to apply for financial assistance to any other organization or institution?

Yes/ No ----------------------------------------------------------------------------

If yes, please indicate name of organization/institution:

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Will you be able to cover some of the costs of your study/training program yourself?

Yes/ No ----------------------------------------------------------------------------

If yes, please indicate your own contribution per year:

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Will the church grant a yearly financial assistance for your studies/training?

Yes/ No ----------------------------------------------------------------------------

If yes, how much? (amount and currency): ---------------------------------------------

**Declaration**

I declare that the information in this form and all attached documents are to the best of my knowledge true and correct. I agree that the Lutheran World Federation collects and holds the personal data provided in this form for project management and monitoring purposes for the next 10 years. I agree that my personal data will not be shared with other individuals or organization without my permission, except when applicable by law and required by the related agencies supporting this Scholarship Program.

Signature:

Date:

Place:

**Attachments (please tick)**

1. Copy of passport, ID or birth certificate
2. Copy of secondary school certificate/s
3. Copy of university/college certificate/ diploma and/ or transcript
4. Admission/acceptance letter by the proposed study/training institution
5. Official fee structure or other document by the proposed study institution indicating expected costs of proposed study program.
6. Additional attachment:
7. Additional attachment:
8. Additional attachment:
9. Additional attachment:Bottom of Form