



**Lutheran Transitional Ministry Association
LuTMA
PO Box 124
Carlisle, PA 17013
Scholarship Application**

Please print or type:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____

Denominational affiliation: _____

Name of Judicatory Leader (e.g., Bishop, District President) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

This application is for a scholarship to attend (indicate name and dates of event):

Describe briefly your reasons for seeking training for interim ministry. _____

Briefly state your need for financial assistance to attend this event. _____

List your planned financial resources to register for this event:

Personal Funds _____

Continuing Education Funds _____

Synod/District Grant _____

Personal Loans _____

LuTMA Scholarship _____

TOTAL _____

(Total equals the total event registration fee)

Signed: _____ Date: _____

Please attach a letter of approval and endorsement from your judicatory leader. Leader should indicate willingness to assign you to an interim ministry situation.

An alternative would be to have your judicatory leader send such a letter directly to:

LuTMA, PO Box 124, Carlisle, PA 17013