

**The Lutheran World Federation**

Department for Mission and Development

Diakonia and Development Desk

P.O. Box 2100

CH-1211 Geneva 2

Switzerland

[scholarships@lutheranworld.org](mailto:scholarships@lutheranworld.org)

**Application for LWF Single Scholarship**

**Human and Institutional Capacity Development (HICD) for LWF Member Churches**

*Please fill in all relevant information. Only complete applications will be accepted.*

**1. Summary of Basic Information**

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| --- | --- | --- | --- | --- | --- |
| **Name of Endorsing Church:** |  | | | | |
| **Name of Candidate:** |  | | |  |  |
|  | *First Name(s)* | | | | *Last Name/Family Name* |
| **Gender:** | Male | | | | Female |
| **Year of Birth:** |  |  |  |  |  |
| **Area of Training Need:** | Theology | | | | Diakonia/Development |
| **Field of Study/Training:** |  | | | | |
| **Level of Study/Training:** | Bachelor | | Master | | Doctorate |
|  | Other: |  | | | |  |

**2. Church Endorsement**

*(to be completed by the leadership/head office of the LWF member church)*

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| --- | --- | --- | --- | --- |
| * 1. **Please explain why the candidate’s training is needed for the church. How will it respond to the strategic human resources (capacity) development requirement of the church?** | | | | |
|  | | | | |
| What is the candidate’s current level of engagement with the church? | Employee | Volunteer | Church Member | |
| Upon completion of study or training, the candidate will serve the church as: | Employee | Volunteer | Other: |  |
|  | | | *Please specify* |
| Name of church department/institution the candidate will work for: |  | | | |
| Title of future position: |  | | | |

* 1. **Has the training need been approved by the church’s Human Resources Development Committee/Board?**

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| YES | NO |  | | | | | | | | | | | | |  |
| If yes, please indicate: | | | Date of Approval: | | | /    / | | | | | | | | | |
|  | | |  | | | *Day/Month/Year* | | | | | | | | | |
|  | | | Resolution number: | | |  | | | | | | | | | |
| * 1. **Candidate’s Priority:** | | | | 1 | | | 2 | | 3 | 4 | | 5 |  | | |
|  | | | | *Please prioritize your applications according to the need. Tick box 1 for the application with the highest priority, box 2 for the second priority etc.* | | | | | | | | | | | |
| * 1. **Has the church applied or does it intend to apply for financial assistance to any other organization or institution?** | | | | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | | | |
| If yes, please indicate: | | | Name of organization/institution: | | | | |  | | | | | | | |
|  | | | State of application: | | | | | Approved | | | Declined | | | Pending | |
| * 1. **Will the church grant a monthly financial assistance to the candidate during the course of his/her studies/training?** | | | | | | | | | | | | | | | |
| YES | NO | | If yes, how much? | | | | |  | | | | | | | |
|  |  | |  | | | | | *Amount and Currency* | | | | | | | |
| * 1. **Contact Details of the Church:** | | | | | | | | | | | | | | |
| Postal Address: | |  | | | | | | | | | | | | |
|  | | *Street, Street Number* | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | | *Postal Code, City* | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
|  | | *Country* | | | | | | | | | | | | |
| Phone Number: | |  | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | |
| * 1. **Name and Position of the Church Official Signing on Behalf of the Church:** | | | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | |
| *Name* | | | |  | *Position* | | | | | | | | | |
|  | | | |  |  | | | | | | | | | |
|  | | | |  |  | | | | | | | | | |
| *Place, Date* | | | |  | *Signature and Official Stamp* | | | | | | | | | |

**3. Endorsement by the Candidate’s Congregation**

*(to be completed by the pastor of the candidate’s congregation)*

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| * 1. **Please give a short evaluation of the candidate’s commitment, attitude, talent and potential to serve the church and society upon completing the recommended training.** | | | |
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| * 1. **Contact Details of the Endorsing Congregation** | | | |
| Name of Congregation: |  | | |  |
| Name of the Pastor: |  |  |  | |
|  | *First Name(s)* |  | *Last Name/Family Name* | |  |
| Postal Address: |  | | |  |
|  | *Street, Street Number* | | |
|  |  | | |
|  | *Postal Code, City* | | |
|  |  | | |
|  | *Country* | | |
| Phone Number: |  | | |
| Email Address: |  | | |

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| *Place, Date* |  | *Signature of the Pastor* |

**4. Information about the Candidate and Proposed Study/Training**

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| --- | --- | --- | --- | --- | --- |
| **4.1. Personal Information** | | | | | |
| Name of Candidate: |  | |  | |  |
|  | *First Name(s)* | | | *Last Name/Family Name* | |
| Gender: | Male | Female | |  | |
| Date and Place of Birth: | /    / | |  | |  |
|  | *Day/Month/Year* | |  | | *City, Country* |

*(to be completed by the candidate)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nationality: |  | | | | |  |
| Current Profession: |  | | | | |
| Marital Status: | Single | | Married | Divorced | Widowed |
| Number of children: |  | Years of Birth: | |  | |
|  |  |  | |
| Family Policy: Do you request additional support for your children below the age of 12? | | | | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have special needs due to disability or disease (e.g. health aid and/or a need for support by other people?) | | | | |
| YES | NO | If yes, please specify: | |  |
|  |  |  | |
| **4.2. Contact Details** | | | | |
| Permanent Postal Address: | | |  | |
|  | | | *Street, Street Number* | |
|  | | |  | |
|  | | | *Postal Code, City* | |
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|  | | | *Country* | |
| Phone Number: | | |  | |
| Email Address: | | |  | |

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| **4.3. Educational Background** | | | |
| Secondary School Education:  *Please give the names and places of all secondary schools you attended and enclose copies of the certificates.* | | | |
| Name and Place of School | Start Date  *Month/Year* | End Date  *Month/Year* | Diploma/Qualification Obtained |
|  | / | / |  |
|  | / | / |  |
| Higher Education:  *Please give the names and places of all institutions – universities or colleges – and enclose copies of the certificates.* | | | |
| Name and Place of Study Institution | Start Date  *Month/Year* | End Date  *Month/Year* | Degree Obtained |
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| **4.4. Professional Experience** | | | | | | |
| Position/Job Title | | Employer | | Start Date  *Month/Year* | | End Date  *Month/Year* |
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| **4.5. Language Skills** | | | | | | | |
| Language | Understand | | Speak | | Read | |
| *(indicate your mother tongue)* | Elementary  Good  Very good | | Elementary  Good  Very good | | Elementary  Good  Very good | |
| *(if applicable, indicate additional language)* | Elementary  Good  Very good | | Elementary  Good  Very good | | Elementary  Good  Very good | |
| *(if applicable, indicate additional language)* | Elementary  Good  Very good | | Elementary  Good  Very good | | Elementary  Good  Very good | |
| *(if applicable, indicate additional language)* | Elementary  Good  Very good | | Elementary  Good  Very good | | Elementary  Good  Very good | |

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| **4.6. Engagement in Church and Motivation** | | | | | | | | | | | | | | | |
| Please give us a short overview of your previous and/or current services in the church (volunteer, committees, etc.). | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please explain which role you wish to play in the church and society upon completion of your studies/training. In what ways will the proposed field of study or training help you to achieve that? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **4.7. Information About Proposed Study/Training** | | | | | | | | | | | | | | | | |
| Field of Study/Training: |  | | | | | | | | | | | | | | | |
| Level of Study/Training: | Bachelor | | | | | Master | | | | | | Doctorate | | | | |
|  | Other: |  | | | | | | | | | | | | | | |
|  |  | | *Please specify* | | | | | | | | | | | | | |
| Place of Study/Training: |  | | | | | | | | | | | | | | | |
|  | *Name of Study/Training Institution, City, Country* | | | | | | | | | | | | | | | |
|  | If you plan to study/be trained abroad, please give reasons: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
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| Have you been admitted yet? | | | | YES | | NO | | |  | | *If the answer is yes, please attach a copy of your admission/acceptance letter.* | | | | | |
| Duration of Study/Training: | Start Date: | | | /    / | | | | |  | | Expected End Date: | | | | /    / | |
|  |  | | | *Day/Month/Year* | | | | |  | |  | | | | *Day/Month/Year* | |
| **4.8. Costs of Proposed Study/Training Program** | | | | | | | | | | | | | | | | | |  |
| Tuition fee per year (in case of a short-term scholarship less than a year: full training costs): | | | | |  | | |  | |  | | |  | *Both amounts should be listed in the official fee structure by the university/training institution which should be attached. In case the amounts vary from year to year, please include the average annual amounts.* | | | |  |
| *Amount* | |  | | | *Currency* | | |  | |
| Other study-related fees per year (e.g. for examination, library etc.):  *Write “0” if there are no other study-related fees.* | | | | |  | | |  | |  | | |  |
| *Amount* | | |  | | *Currency* | | |  |

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| --- | --- | --- |
| Please list other expected costs per year which you need to cover for yourself during the course of your studies. If you apply for a short-term training course, workshop, exchange or research less than a year, list all expected costs for the full training period. Please note that **fixed book and medical allowances** will be paid to all approved candidates and do not have to be listed here. | |  |
| *Cost Item* | *Expected Amount per Year/Training Period and Currency* |  |
| Accommodation (including electricity, water etc.) |  |  |
| Food |  |  |
| Local transportation |  |  |
| International travel (if applicable) |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |

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| Will you be able to cover some of these costs of your study/training program yourself? | | | | | | |
| YES | NO |  |  | | | |
| If yes, please indicate your own contribution per year: | | |  |  |  |  |
| *This amount will be deducted from your overall request,*  *together with the church contribution indicated under 2.5.* | | | *Amount* |  | *Currency* |  |

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| **4.9. Financial Situation of the Candidate**  *Please indicate the amount and currency. Write “0” if there is no income.* | |  | | |
| Own Income per Month: |  | |  |
| Spouse’s Income per Month: |  | |  |
| Parents’ Income per Month: |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | | | | |
|  | | State of Application: | Approved | Declined | | | Pending |
|  | |  |  | |  |  |  |

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| **4.10. 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.* | | |
|  |  |  |
|  |  |  |
| *Place, Date* |  | *Signature of the Candidate* |

**5. Attachments**

*(to be completed by the candidate)*

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| --- | --- |
| **The following documents are attached to the application:**  *Please tick the respective boxes.* | |
|  | Copy of passport, ID or birth certificate |
|  | Copy of the most recent certificate (e.g. secondary school certificate for Bachelor candidates, Bachelor certificate for Master candidates etc.) |
|  | Admission letter by the proposed study/training institution, if already available |
|  | Official fee structure by the proposed study/training institution |
|  | Additional attachments:  *Please list if applicable.* |
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