

**MID-SOUTH DISTRICT SCHOLARSHIP FUND  
PASTOR'S EVALUATION OF APPLICANT FORM  
2026-2027**

The following named applicant, who is a member of your congregation, is applying for a scholarship grant from the Mid-South District. So that the committee may evaluate the needs and the qualifications of the applicant, we are asking you to fill out the questions below. It is imperative that this be done. No grant will be awarded without this character reference from the applicant's pastor.

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

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Seminary or Concordia University System

Institution which applicant plans to attend \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years

What gifts and characteristics of the applicant suit him or her for full-time service to the Church?

\_\_\_\_\_  
\_\_\_\_\_

Please specify in what areas of congregational life the applicant has been engaged in recent years:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's attitude toward his/her educational responsibilities:

Serious \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Unknown \_\_\_\_\_

Does your knowledge of the financial situation of the family indicate a need for a scholarship grant?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant been advised to make use of such assistance if available?

Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO DISTRICT OFFICE NO LATER THAN JUNE 15, 2026:**

Rev. Dr. Roger Paavola  
Mid-South District Office-LCMS  
1675 Wynne Road  
Cordova, TN 38016