

In God's Hand Scholarship Program
Grace Evangelical Lutheran Church
131 West Gettysburg Ave.
Oak Ridge, TN 37830
Email: scholarships@writersofgrace.org



Writers of Grace Scholarship Application

Date _____

Personal Information:

1. Name: (Include pen name if you use one)

2. Telephone # _____ Email _____

3. Are you a student? _____ If so, where?

4. What is your course of study?

Writing Goals:

5. What are your writing goals and how might this workshop/conference help you meet them? (Use separate sheet if necessary)

6. Is publishing a part of those goals? _____

7. To what publications would you or have you submit(ted)? _____

8. Please provide the website (if available) of the organization with associated fees for the program or class you would like to attend. (Please use separate sheet if necessary)

9. What is the date and location?

10. What is the name of the contact person and telephone number?

11. Do you intend to enter a writing contest in conjunction with this activity? _____

12. Is there a contest entry fee and if so, how much?

13. Do you already have something ready to submit? _____

Writing Experience

14. Please give us your bio, including education, interests, publications, contest participation and awards (If any), and any conferences/workshops previously attended. If you have no writing credits, please tell us about yourself and your interest in writing. (Please use a separate sheet)

15. In which genres do you write? _____

16. Do you intend to branch out into others? _____

17. If so, which genres are most attractive to you?

18. Tell us about your writing schedule. (i.e., How often do you write? How many hours per day/week/etc.? (Use separate sheet if necessary)

19. Tell us about your financial need for help with this workshop (Use separate sheet if necessary):

20. Do you attend a writers' group? If so, where?

21. Would you be able to attend a Writers of Grace meeting (last Sunday of (each) month) to tell us about your experience following the workshop?

22. Please attach a one-page sample of your writing.

23. Please indicate the number of pages attached to this form. _____

Deadline:

Applications should be submitted 90 days prior to the registration date of the subject program in order to allow for approval and processing.

Acceptance:

I agree to attend the program or workshop applied for if I am selected, or if unable to attend I will notify Writers of Grace at the earliest possible time. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Signature:

_____ Date: _____

Parent or Guardian Signature (if Applicant is Minor):

_____ Date: _____

Please send completed application to the following address: **In God's Hand Scholarship Program, Grace Evangelical Lutheran Church, 131 West Gettysburg Ave., Oak Ridge, TN 37830.**

Completed applications may also be emailed to: scholarships@writersofgrace.org. This application form may be downloaded from our website at <http://www.writersofgrace.org>.

NOTE: Scholarships will be awarded based on need, available proceeds from In God's Hand and donations to the Writers of Grace scholarship fund. Decisions by the Writers of Grace will be final.

Notes (For Writers of Grace use only):