Wittenberg University Martin Luther Scholar Award Program
Pastor/Congregation Nomination Form

Student Information
Name ________________________________________________________________
Address ______________________________________________________________
Phone ___________________________  E-mail _________________________________
High School ____________________________________________________________
Graduation Year ________________ GPA (Cumulative) __________________________
Academic Interests _______________________________________________________

Church Information
Church Name ___________________________________________________________
Address ________________________________________________________________
Phone ___________________________  E-mail _________________________________
Pastor __________________________________________________________________
Church Affiliation:  ELCA  LCMS  Other ______________________________________

Nominator Information
Name (including title) _____________________________________________________
Address (if different from church) ___________________________________________
Phone ___________________________  E-mail _________________________________
Wittenberg University alumna/alumnae?  Yes  Class Year__________  No

NOMINATION: Please use the space below to tell us more about the nominee.

Mail completed form by November 1 to:
Office of Admission, Wittenberg University, PO. Box 720, Springfield Ohio 45501-0720