

**39<sup>th</sup> Biennial LWML Convention in Lexington, Kentucky  
Heart to Heart Sisters District Leader Training Program**

**Training Schedule: Wednesday, June 23 to Sunday, June 27, 2021**

**Application Form**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ancestral Country of Origin: \_\_\_\_\_

LWML District: \_\_\_\_\_

Your Office or Position in your LWML District: \_\_\_\_\_

LWML District President's Name: \_\_\_\_\_

District President's Phone: \_\_\_\_\_

District President's Email: \_\_\_\_\_

Home Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Phone: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

Describe how you serve in your congregation.

Share a little about yourself: (family, hobbies, training, or education, etc.)

What is your current employment, work, or volunteer experience?

How did you get connected to the Lutheran Church?

Do you have any special physical challenges of which we should be aware?

Do you have any special dietary considerations?

Other concerns of which we need be aware?

By applying for this program, you agree to participate in the entire pre-convention Heart to Heart Sisters District Leader Training Program and the national LWML Convention — a Wednesday through Sunday commitment. Your service in your district continues post-convention and should be agreed upon with your district president prior to attendance at the training.

The H2H Sisters District Leaders will be participating in the Saturday morning processional. Feel free to wear celebratory clothing or national dress for this procession.

Please attach a digital photo of yourself with this application form. This photo should be like a passport photo. A photo from your cell phone works well.

Your signature on this application provides a release to use your photo for purposes that relate to your participation in the LWML national convention.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

LWML DP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form along with your picture by February 1, 2021, to:

Karol Selle, H2H Committee Chairman  
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Rosholt, WI 54473  
(715) 303-9259  
selleks@gmail.com