

Eastern District, LCMS
Debt Retirement Assistance for First* Call Rostered Workers

Requests received by 1 September will be acted upon during the Fall meeting of the Eastern District Board of Directors

Name _____

Address _____

City/Town _____ State _____ Zip _____

E-mail _____ Phone _____

1) I am: _____ Pastor _____ Educator/DCE
_____ Deaconess _____ Other

If "Other" please clarify: _____

2) Years of continuous service under call in the Eastern District, LCMS

New _____ 1 year _____ 2 years _____ 3 years _____ 4 years _____

3) Current unpaid principal of debt incurred for Concordia education \$ _____

4) I have attached the most recent statement(s) showing the unpaid principle amount(s) _____ Yes _____ No

I hereby certify that the above is true and accurate statement of the information required for this request.

Signature _____ Date _____

* Anyone in their First Call (up to 5 years) of rostered ministry.

Mail to: First Call Debt Assistance
% Mrs. Barb Sigafos
Eastern District, LCMS
5111 Main St,
Williamsville, NY 14221