

STUDENT AID PROGRAM
The Lutheran Church Missouri Synod
Eastern District

Commission for Scholarship and Student Aid

5111 Main Street
Williamsville, NY 14221
716-634-5111

INFORMATION SHEET

The Eastern District—LCMS offers Grants-In-Aid to members of the Eastern District congregations enrolled full-time in preparatory programs of study for church professions (i.e. Pastors, Teachers, Directors of Christian Education, Deaconess, and Parish Worker). Student Aid is not granted during the vicarage year.

- 1.) Grants-In-Aid must be applied for on a year basis for a specific year.
- 2.) Awards are based on financial need, not scholastic achievement or merit. (*However, C grade average or GPA equivalent is expected*).
- 3.) Awards are normally made for full academic years. (Grants for partial years may be considered on an individual basis.
- 4.) All forms must be returned for your request to be considered by the deadline. No application can be considered if it remains incomplete two weeks beyond the deadline.
- 5.) Since it takes a number of weeks for College Scholarship Services to process your Financial Aid form, please fill this in and send it off promptly. This form is crucial. Therefore, strive for accuracy.
- 6.) If the decision to enter a program is made following the spring meeting of the BSSA, special requests for second semester aid may be considered by the board. Such requests are subject to the limited funds available at that time.

Enclosed are the forms for applying for a Student Grant-In-Aid. In order for the Board to consider your application all forms must be completed and received in our office by the deadline.

The enclosed forms include:

- **Applications for Financial Aid (2): Please make a copy for your records.**
- **Biographical Questionnaire: Please complete and return (for students applying for the first time only).**
- **Pastor's Evaluation and Recommendation Form: Ask your pastor to complete and send to the district office promptly.**

Please be assured that your application will receive prayerful, thoughtful and confidential consideration by the Board. You will be notified of the Board's action as soon as possible.

In His Service,

Barbara Sigafos
Business Manager
Commission for Scholarship & Student Aid Assistant

Enclosures



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT IMPORTANT!

Student's District

Reset Form

- 1) Contact your district office for additional information that may be required and necessary to process your application. Most Districts require the FAFSA be filed before consideration for a scholarship.
- 2) Upon Completion of Section I of this application, print, sign by you and your pastor, and send to the Financial Aid office of the Concordia college/university or seminary you choose to attend.

SECTION I: To be completed by Student.

Last Name:		First Name & Middle Initial:	
Street Address:		Telephone No:	
City, State, Zip:		Date of Birth:	
E-Mail Address:		Date of Birth:	
While in school you intend to live: <input type="radio"/> with parents <input type="radio"/> off-campus <input type="radio"/> on-campus		Marital Status: <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married	
Do you intend to enter full-time church work? <input type="radio"/> Yes <input type="radio"/> No		Home Congregation/City:	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid: _____ to _____ Month/Year Month/Year		Your Signature:** _____ Date: _____	

***The Financial Aid Officer has my permission to share with the District any need analysis information contained in my financial aid files.*

SECTION II: To be completed by College/University or Seminary and forwarded to the District Financial Aid Officer.

Name of Institution:		Period of District Aid: _____ to _____ Month/Year Month/Year	
Address:		Student Grade Level:	
City, State, Zip:			
For Award Period		Expected Contribution	
Estimated Cost of Education	Estimated Gift Aid	Student	Parents
		Unmet Need	

I certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer (or his/her representative): _____	Date: _____
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SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

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SECTION I: To be completed by Student.

Last Name:		First Name & Middle Initial:	
Street Address:		Telephone No:	
City, State, Zip:		Date of Birth:	
E-Mail Address:		Date of Birth:	
While in school you intend to live: <input type="radio"/> with parents <input type="radio"/> off-campus <input type="radio"/> on-campus		Marital Status: <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married	
Do you intend to enter full-time church work? <input type="radio"/> Yes <input type="radio"/> No		Home Congregation/City:	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid: _____ to _____ Month/Year Month/Year		Your Signature:** _____	
		Date: _____	

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I certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer (or his/her representative): _____	Date: _____
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SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____

Biographical Questionnaire

The questions that follow are designed to collect information about your background, your interests, and your plans. Your answers to these questions will be used only in connection with your application for this scholarship program and will be divulged only to qualified persons who must see them in the course of their duties.

NOTE: The selection of scholarship recipients will be influenced by the completeness of replies, neatness, and legibility.
PLEASE TYPE OR PRINT, USING BLACK INK.

A. You-the Applicant

Legal name in full

LAST	FIRST	MIDDLE INITIAL

Permanent home address

NUMBER AND STREET

CITY

CITY	STATE	ZIP CODE

Telephone

AREA CODE	NUMBER	Date of birth		Age	

Check one: M F

U.S. Citizenship: Yes No

MONTH DAY YEAR

B. Your Schooling

1. SECONDARY SCHOOL OR COLLEGE NOW ATTENDING

Name of high school _____

City _____ State _____ Zip Code _____

- a. Check your level of year in college during academic year
- | | | | |
|--|---|--|---|
| Undergraduate
<input type="checkbox"/> Freshman
<input type="checkbox"/> Sophomore
<input type="checkbox"/> Junior
<input type="checkbox"/> Senior | Graduate/Professional
<input type="checkbox"/> 1st year
<input type="checkbox"/> 2nd year
<input type="checkbox"/> 3rd year
<input type="checkbox"/> 4th year | b. Your degree objective for the level of education checked in a:
<input type="checkbox"/> B.A., B.S., etc
<input type="checkbox"/> J.D. or L.L.B.
<input type="checkbox"/> M.A., M.S., etc.
<input type="checkbox"/> Other, specify _____ | <input type="checkbox"/> M.D., D.D.S., D.V.M., D.D.
<input type="checkbox"/> Ph.D., Ed.D., etc.
<input type="checkbox"/> M.B.A. |
|--|---|--|---|

c. The year in which you plan to complete requirements for the degree checked in b. _____

d. Enter the name and address of your first choice institution

Name of institution _____

City _____ State _____ Zip Code _____

Check one: Will be a resident or a commuter

2. List all schools that you attended in the last four years. List the schools in order of attendance, with the one you attended most recently first.

NAME OF SCHOOL	LOCATION (CITY AND STATE)	DATES OF ATTENDANCE

3. List any advanced or special program courses or summer courses you have taken. List the most recent course or program first

COURSE OR PROGRAM	NAME OF SCHOOL	LOCATION (CITY AND STATE)	DATES ATTENDING	HRS PER WEEK

4. List activities in which you have participated in your school (such as publications, debating and dramatics, music, art, student government, and clubs). Include any honorary awards or membership in honorary associations.

ACTIVITY	DATES OF PARTICIPATION	OFFICES HELD	SPECIAL AWARDS OR HONORS	HRS PER WEEK

5. Describe in your own words your feelings about your educational experiences in the last two years. Please mention any special circumstances or factors that have influenced your education.

C. Your Activities and Work Experience

1. List sport(s) participated in:

SPORT	DATES OF PARTICIPATION	NO. OF VARSITY LETTERS	EVENT OR POSITION	SPECIAL HONORS OR AWARDS	HRS. PER WEEK

2. List community activities in which you have participated without pay (such as candy striping, church work, drug hot lines, and outreach programs):

KIND OF WORK	NAME OF AGENCY OR ORGANIZATION	DATES OF PARTICIPATION	SPECIAL AWARDS	HRS. PER WEEK

3. List jobs (including summer employment) you have held in the past three or four years.

JOB AND KIND OF WORK	EMPLOYER	CHECK ONE		APPROXIMATE DATES OF EMPLOYMENT	APPROXIMATE NO. OF HOURS PER WEEK
		SUM-MER	SCHOOL YEAR		

D. *You and Your Family*

1. Applicants to scholarship programs have been representative of diverse economic, ethnic, and occupational groups. Please describe any relevant family characteristics or experiences that you wish to share with us.

2. Brothers: Number _____ Ages _____ Sisters: Number _____ Ages _____

3. Name of parent or guardian who support you _____

4. If someone other than your father or mother supports you, give the following information:

Name _____

Address _____
NUMBER AND STREET CITY OR TOWN STATE ZIP CODE

Relationship to you _____ Occupation _____

E. Your Experiences

Which of your experiences, academic or other, has given you the greatest satisfaction? Why?

F. Your Reading

1. What books and articles have you read within the last six months?

ASSIGNMENTS	PERSONAL READING

2. Which one of these have you found most stimulating? Why?

H. *Selecting and Being Admitted to College or Graduate School*

The process of selecting and being admitted to college or graduate school can be frustrating, traumatic-or it can be satisfying. As you are now involved in that process, please share with us your experiences. We are particularly interested in your feelings, reactions, and thoughts about the process.

Please look over this form to make sure you have answered all questions completely. It is also your responsibility to insure that your school releases any required forms and a transcript of grades to us on time (that is, by the program deadline).

PROGRAM NAME

APPLICANT'S SIGNATURE

DATE

RETURN THIS COMPLETED FORM AND ALL OTHERS REQUIRED TO:

**EASTERN DISTRICT-LCMS
5111 MAIN STREET
WILLIAMSVILLE, NY 14221**

COMMISSION FOR SCHOLARSHIP AND STUDENT AID

EASTERN DISTRICT, THE LUTHERAN CHURCH-MISSOURI SYNOD

**PASTOR'S EVALUATION AND
RECOMMENDATION**

Dear Pastor:

Please give us your impression of _____, who has requested aid from this Commission. This should include reference to interest in, and aptitude for ministry, as well as present level of congregational participation. In addition, please indicate any special gifts or needs this student has. When completed, please sign and send to:

*Commission for Scholarship & Student Aid
5111 Main Street
Williamsville, New York 14221*

(Pastor's Signature)

(Name of Church and Location)

Please use other side for further information.....