

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 you 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 - Eastern District**

*****SECTION I: To be completed by the Student**

Students District

NOTE TO STUDENT: After Completing Section 1 please mail to the Financial Aid Office of the College/University or Seminary of your choice.

Last Name: _____		First Name: _____		MI: _____	Soc Sec No: _____	
DOB: _____						
Phone: _____		Preferred Mailing Address			Email Address	
Cell: _____		Street		State, ZIP		
City						
While in school you intend to live:		Marital Status:				
_____ with parents		_____ Married		Total number of your dependents: _____		
_____ on campus		_____ Single				
_____ off-campus		_____ Divorced		Spouse _____		Children _____
Do you intend to enter full-time church work?		Your Home Congregation			City/State	
_____ Yes _____ No		_____			_____	
Period when you will use aid:		Your Signature*			Date	
_____ to _____		_____			_____	
Mo. Yr. _____ Mo. Yr. _____						

*The Financial Aid Officer has permission to share with the District any need analysis information contained on a FAF or GAPSFAS

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

Name of Institution		Period of District Aid	
_____		_____ to _____	
Address		Month Year	Month Year
_____		_____	
City, State, ZIP		Student Grade Level	
_____		_____	
Estimated Cost of Education For Award Period		Unmet Need	
_____		_____	
Estimated Gift Aid		_____	
Expected Contribution Student _____		Parent _____	
I hereby certify that the student names in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory Progress			
Signature of Financial Aid Officer or Person Completing Form			Date
_____			_____

*****SECTION III: To be completed by the District**

Amount of District Aid Approved	Authorized Signature	Date
_____	_____	_____

**District Financial Aid Application
The Lutheran Church Missouri Synod - Eastern District**

*****SECTION I: To be completed by the Student**

Students District

NOTE TO STUDENT: After Completing Section 1 please mail to the Financial Aid Office of the College/University or Seminary of your choice.

Last Name: _____		First Name: _____		MI: _____	Soc Sec No: _____
DOB: _____		Preferred Mailing Address		Email Address	
Phone: _____		Street		_____	
Cell: _____		City		State, ZIP _____	
While in school you intend to live:		Marital Status:		Total number of your dependents: _____	
_____ with parents		_____ Married		_____	
_____ on campus		_____ Single		_____	
_____ off-campus		_____ Divorced		Spouse _____ Children _____	
Do you intend to enter full-time church work?		Your Home Congregation		City/State	
_____ Yes _____ No		_____		_____	
Period when you will use aid:		Your Signature*		Date	
_____ to _____		_____		_____	
Mo. Yr.		Mo. Yr.		_____	

*The Financial Aid Officer has permission to share with the District any need analysis information contained on a FAF or GAPSFAS

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City, State, ZIP		Student Grade Level	
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Estimated Cost of Education For Award Period		Unmet Need	
_____		_____	
Estimated Gift Aid		_____	
Expected Contribution Student		Parent	
_____		_____	
I hereby certify that the student names in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory Progress			
Signature of Financial Aid Officer or Person Completing Form			Date
_____			_____

*****SECTION III: To be completed by the District**

Amount of District Aid Approved	Authorized Signature	Date
_____	_____	_____

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.....