

**STUDENT FINANCIAL AID PROGRAM
EASTERN DISTRICT -- LCMS**

Scholarship and Student Aid

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

INFORMATION SHEET

The Eastern District—LCMS offers Financial 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. Financial Aid must be applied for on a year basis for a specific year. Awards are based on financial need, not scholastic achievement or merit. *(However, C grade average or GPA equivalent is expected).*
2. Awards are normally made for full academic years. (Grants for partial years may be considered on an individual basis.)
2. All forms must be returned by the deadline for your request to be considered. No application can be considered if it remains incomplete two weeks beyond the deadline. 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.
3. 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.

In order for your application to be considered, all forms listed below must be completed and received in our office by the deadline.

- **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. You will be notified of the outcome of your application as soon as possible.

NOTE: Financial aid must be applied for EVERY YEAR. The Biographical Questionnaire is only necessary when applying for the first year. The Financial Aid Application and Pastor's Evaluation must be completed every year you are applying for aid.



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

IMPORTANT!

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:		Marital Status:	
<input type="radio"/> with parents <input type="radio"/> off-campus <input type="radio"/> on-campus		<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married	
Do you intend to enter full-time church work?		Total number of dependents:	
<input type="radio"/> Yes <input type="radio"/> No		Self <input type="text"/> Spouse <input type="text"/> # of Children <input type="text"/>	
Home Congregation/City:		Home Congregation/City:	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid:		Your Signature:**	
to		Date:	
Month/Year	Month/Year		

***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	
Unmet Need			
Estimated Cost of Education	Estimated Gift Aid	Student	Parents

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: _____

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 recipient's will be influenced by the completeness of replies, neatness, and legibility

A. You-the Applicant

Legal name in full

 LAST FIRST MIDDLE INITIAL

Permanent home address

 NUMBER AND STREET

 CITY STATE ZIP

Telephone

Date of Birth

AREA CODE

NUMBER

MONTH

DAY

YEAR

AGE

Check one: M F

U.S. Citizenship Y N

B. Your Schooling

1.

Name of high school _____

City _____ State _____ Zip _____

a. Check your level of year in college during academic year

b. Your degree for the level of education checked in a:

Undergraduate

Graduate/Professional

Freshman

1st year

B.A., B.S., etc.

M.D., D.D.S., D.V.M., D.D.

Sophomore

2nd year

J.D. or L.L.B.

Ph.D., Ed.D., etc.

Junior

3rd year

M.A., M.S., etc.

M.B.A.

Senior

4th year

Other, specify _____

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

Name of School	Location	Dates

3. List any advanced or special program courses or summer courses you have taken.

Course	School	Location	Dates

4. List activities in your school (such as publications, debating, and dramatics, music, art, student government, and clubs). Include honorary awards or memberships in honorary associations.

Activity	Dates	Office Held	Special Awards	Honors

5. Briefly describe your feelings about your educational experiences in the last two years, mentioning any special circumstances or factors that have influenced your education.

C. Your Work Experience - Community Activities - Sports - Volunteer Work

1. List work and community activities in which you participated in.

Kind of Work	Agency or Organization	Position	Sport	Organization	Hours per week

D. You and Your Family

1. Tell us about your family. Siblings, ages, parent or guardian who supports you. Describe any relevant family characteristics or experiences that you wish to share.

E. Reading

1. What books and/or articles have you read within the last six months and which one have you found most stimulating and why?

F. Leisure Time

1. Tell us how you like to spend your leisure time. For example, some enjoy music, art, drama or dance. Others enjoy activities within their home setting; and others may enjoy an outdoor hobby or activity of special interest. How do you use your leisure time?

G. Selecting and Being Admitted to College or Graduate School

1. The process of selecting and being admitted to college or graduate school can be frustrating or it can be rewarding or satisfying. As you are now involved in that process, please share with us your experiences.

H. Choosing your Vocation

- 1 Briefly tell us what or whom has influenced you in becoming a church worker.

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 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
SCHOLARSHIP APPLICATIONS
5111 MAIN STREET
WILLIAMSVILLE, NY 14221**

