

EASTERN DISTRICT FINANCIAL AID BIOGRAPHICAL QUESTIONNAIRE

5111 MAIN STREET, WILLIAMSVILLE, NY 14221 716-634-5111



LEGAL FULL NAME

PERMANENT HOME ADDRESS

TELEPHONE WITH AREA CODE

DATE OF BIRTH

EMAIL ADDRESS

US CITIZENSHIP

YES

NO

EASTERN DISTRICT LCMS HOME CONGREGATION AND ADDRESS

SCHOOLING

NAME OF HIGH SCHOOL, COLLEGE, UNIVERSITY OR SEMINARY NOW ATTENDING

CITY, STATE, ZIP

UNDERGRADUATE CURRENT GRADE LEVEL

GRADUATE/PROFESSIONAL GRADE LEVEL

FRESHMAN

1ST YEAR

SOPHMORE

2ND YEAR

JUNIOR

3RD YEAR

SENIOR

4TH YEAR

DEGREE LEVEL TO BE COMPLETED

B.A., B.S., ETC.

J.D. OR L.L.B.

M.A., M.S., ETC.

PhD., ED.D., ETC.

M.B.A.

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TELL US WHAT OR WHOM HAS INFLUENCED YOU IN BECOMING A CHURCH WORKER

WHAT MADE YOU CHOOSE A SPECIFIC COLLEGE, UNIVERSITY OR SEMINARY?

TELL US ABOUT YOUR CHURCH AND COMMUNITY INVOLVEMENT

TELL US ABOUT YOUR FAMILY. SIBLINGS, PARENTS, GUARDIAN, SOMEONE WHO SUPPORTS YOU

BRIEFLY TELL US ABOUT YOUR WORK HISTORY, HOBBIES OR FAVORITE BOOKS

APPLICANT'S SIGNATURE

DATE

PRINTED NAME
