



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:			
E-Mail Address:			Date of Birth:
While in school you intend to live:		Marital Status:	
<input type="checkbox"/> with parents	<input type="checkbox"/> off-campus	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> on-campus		<input type="checkbox"/> Married	
		Total number of dependents:	
		Self	<input type="text"/>
		Spouse	<input type="text"/>
		# of Children <input type="text"/>	
Do you intend to enter full-time church work?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Pastor's Name:		Congregation/ City:	
Major Course of Study:		Pastor's Signature:	
Period when you will use aid:		Church Work Vocation:	
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	
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: _____

Up-dated 2-13-19