

**EASTERN DISTRICT -- LCMS
SCHOLARSHIP AND STUDENT AID
PASTOR'S EVALUATION AND RECOMMENDATION FORM**



Dear Pastor:

Please give us your impression of _____
Who has requested aid from the Eastern District Scholarship and Student Aid Program. 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:

**EASTERN DISTRICT -- LCMS
SCHOLARSHIP & STUDENT AID
5111 MAIN STREET
WILLIAMSVILLE, NY 14221**

PASTOR SIGNATURE

NAME OF CHURCH AND LOCATION
