



DISTRICT FINANCIAL AID APPLICATION
The Lutheran Church-Missouri Synod

NOTES TO STUDENT
IMPORTANT!

Student's District

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- 1) Contact your District office for additional information that may be required and necessary to process your application.
- 2) Upon Completion of Section I of this application, 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:	Social Security No:
Street Address:		Telephone No.
City, State, Zip:		Date of Birth:
E-Mail Address:		
While in school you intend to live: ()with parents () on-campus () off-campus	Marital Status: () S () M () D	Total number of dependents: _____ Self () Spouse () Children ()
Do you intend to enter full-time church? Y() N()		Home Congregation/City:
Pastor's Name:	Pastor's Signature:	
Major Course of Study:	Church Work Vocation:	
Period when you will use aid: _____ to _____ Month/Year Month/Year	Your Signature:** _____	Date: _____

*** 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: City, State, Zip		Student Grade Level:		
For Award Period		Expected Contribution		Unmet Need
Estimated Cost of Education	Estimated Gift Aid	Student	Parents	
<i>I certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.</i> Signature of Financial Aid Officer (or his/her representative): _____ Date: _____				

SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____