

DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District _____

IMPORTANT!

- 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="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	
Do you intend to enter full-time church work?		Home Congregation/City:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid:		Your Signature:**	
<input type="text"/>	to <input type="text"/>	<input type="text"/>	
Month/Year	Month/Year	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:		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 _____ Date: _____
(or his/her representative):

SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____