



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:			
E-Mail Address:		GPA:	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"/> on-campus		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	
Do you intend to enter full-time church work?		Total number of dependents:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Self <input type="checkbox"/> Spouse <input type="checkbox"/> # of Children <input type="checkbox"/>	
Home Congregation/City:		Pastor's Signature:	
Pastor's Name:		Major Course of Study:	
Church Work Vocation:		Period when you will use aid:	
Your Signature:** _____		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: _____