APPLICATION FOR COLLOQUY AID

The Minnesota South District of The Lutheran Church—Missouri Synod

Date:		_			
Name:					
Home address:					
City:		State:		Zip code:	
Phone:	Fax: _		Email	:	
LCMS home cong	regation / city, s	tate:			
LCMS church / school at which you completed at least one year of service:					
Name of colloquy	course:				
Course begins (M/D/Y): Ends (M/D/Y):					
Location of colloquy class: CUENet OR Concordia Un					Iniversity
Total cost of course (tuition only):					
Congregation support:					
Applicant's signature (please enter initials if completing online):					
Submit application at least 3 weeks prior to the start of class to:					
Minneso Attn: Ed 14301 (Burnsvil	UK	Email: christina.krentz@mnsdistrict.org Fax: 952-435-2581			
For District Use Only					
Date application received: Approved by:					
Distribution Record Date Course title Amount Check #					
Date	Course title		Amount	•	CHECK#