

DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT **IMPORTANT!**

Student's District

) 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.

Amount of District Aid Approved:

ast Name: First Name & Middle l			tial:		
treet Address:			Telephone No:		
City, State, Zip:					
-Mail Address:			Date of Birth:		
	T				
While in school you intend to live:	Marital Status:			Total number of dependents:	
with parents off-campus	Single	Divorced	Self		
on-campus	Married		Spouse	# of Children	
Do you intend to enter full-time church we	ork? Home Congregation	on/City:			
Yes No	Destanta Ciamatana	Destade Cinetone			
astor's Name:	Pastor's Signature:	Pastor's Signature:			
Aajor Course of Study:	Church Work Voc	Church Work Vocation:			
eriod when you will use aid:	Your Signature:**	Your Signature:**		Date:	
to					
Month/Year Month/Year					
**The Financial Aid Officer has my permis	sion to share with the District of	any need analysis info	ormation contained in	my financial aid files.	
ECTION II: To be completed by College	e/University or Seminary a	nd forwarded to t	he District Financi	al Aid Officer.	
ame of Institution:		Period of District Aid:			
		to			
			Month/Year		
		Month	n/Year	Month/Year	
ddress:		Month	Student Grade		
		Month			
		Month Expected C	Student Grade		
lity, State, Zip:	Estimated Gift Aid	•	Student Grade	Level:	
City, State, Zip: For Award Period		Expected C Student	Student Grade I ontribution Parents	Level: Unmet Need	
Estimated Cost of Education		Expected C Student	Student Grade I ontribution Parents	Unmet Need tisfactory progress.	

Authorized Signature: