



Missouri District

THE LUTHERAN CHURCH — MISSOURI SYNOD

Colloquy Financial Aid Application

Section I: To be completed by the **STUDENT**

Your Last Name		First Name		Middle Initial
Permanent Home Address			Telephone	
City			State	Zip Code
Your Home District	Your Home Congregation/City			
Your Pastor's or Principal's Signature				
Course Title			Period When You Will Use Aid From MM YY To MM YY	
Your Signature			Date	

Section II: To be completed by the **COLLEGE**

Name of College		Period of District Aid From MM YY To MM YY	
Address			
City		State	Zip Code
I hereby certify that the student named in Section I is taking the course listed in Section I.			
Signature of the Director of Teacher Colloquy Programs			Date

Section III: To be completed by the **DISTRICT**

Amount of District Aid Approved	Type of District Aid
Signature of District Official	Date

STUDENT: Send one application for each course. Send the application to the Colloquy program office (CUEnet).
CUEnet
61990 Janalee Place, Bend, OR 97702
(800) 238-3037 info@CUEnet.edu