



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

IMPORTANT!

Reset Form

- 1) Contact your district office for additional information that may be required and necessary to process
- 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: Social Security No:	
Street Address:		Telephone No:	
City, State, Zip:		Date of Birth:	
E-Mail Address:		Total number of dependents:	
While in school you intend to live:		Marital Status:	
☐ with parents ☐ off-campus		☐ Single ☐ Divorced	
☐ on-campus		☐ Married	
Do you intend to enter full-time church work?		Home Congregation/City:	
☐ Yes ☐ No		Self ☒ ☐ # of Children	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid:		Your Signature:**	
Month/Year to 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:		Period of District Aid:	
		Month/Year to 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: _____

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