



# 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:		Date of Birth:	
E-Mail Address:		Total number of dependents:	
While in school you intend to live: <input type="checkbox"/> with parents <input type="checkbox"/> off-campus <input type="checkbox"/> on-campus		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married	
Do you intend to enter full-time church work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Congregation/City:	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid: _____ to _____ Month/Year                      Month/Year		Your Signature:** _____	
		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:		
		_____ to _____ Month/Year                      Month/Year		
Address:		Student Grade Level:		
City, State, Zip:				
For Award Period		Expected Contribution		Unmet Need
Estimated Cost of Education	Estimated Gift Aid	Student	Parents	

*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: \_\_\_\_\_