

**AGREEMENT OF REPAYMENT**

**AGREEMENT OF REPAYMENT CONDITIONS OF STUDENT FINANCIAL AID FUNDS RECEIVED FROM THE MID-SOUTH DISTRICT**

**I fully understand that funds granted by the Mid-South District Student Financial Assistance Committee are intended to encourage and enable qualified students to enter the full-time service of The Lutheran Church—Missouri Synod. In the event that funds from the Mid-South District Student Financial Assistance Committee are granted to me, I am honor-bound to repay any and all amounts granted to me to the Mid-South District if I should discontinue my studies or fail to enter the full-time service of The Lutheran Church—Missouri Synod for any reason other than ill health.**

 **Applicant’s Signature**

 **Date**

 **Parent’s (Guardian’s) Signature**

 **Date**

 **Pastor’s Signature**

 **Date**

2024-2025