Colloquy Financial Aid Application

Mid-South District of The Lutheran Church--Missouri Synod

Section I: To be completed by the STUDENT

Your last Name	st Name First Name		Middle Initial	Date of Birth (month/date/year)		
Permanent Home Address				Telephone	Telephone	
Your Home District		Your Home Cor	ngregation City	Your Pastor's or Princip Signature	oal's	
Concordia University						
Period you will use financial aid		Your Signature		Date	Date	
to						
Accredited teacher education program for which you graduated: Lutheran School at which you completed at least one year of successful teaching:						
*Payment will be made directly to CUEnet at the completion of each course. **The funding granted by the Mid-South District will be established each July by the District Finance Committee for the upcoming twelve months.						
Section II: To be completed by the District Office						
FOR DISTRICT USE ONLY						
Date Application Received: Approved						
<u>Distribution Record</u>						
Date Course Title			A	Amount Check	#	

All Teacher Colloquy applicants must apply for the Borland Scholarship through CUEnet

Revised: 5/21/25