## **Colloquy Invoice Form**

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

-TUDENIT

Your last Name	First Name	Middle Initial	Date of Birth (month/date/year)
Permanent Home Address		;S	Telephone
	C	Course Name	
Date of Course	Your S	Signature	Date
Month/Year			
(Du	**The District will pay a te to current changes in Colloquy fea	vill be made directly to CUEnet. maximum of \$3,500, \$499 for ea e structure, the final course will be paid	
	by the District Office		
	FOR DIS	STRICT USE ONLY	
Date Application Rece	ived:	Approved By:	
	Distri	bution Record	

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

Revised: 5/20/25