

DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT IMPORTANT!

Student's District

	Student's District	
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1) Contact your district off	ice 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.

Amount of District Aid Approved:

ast Name:	First Na	First Name & Middle Initial:			
Street Address:			Telephone No:		
City, State, Zip:					
E-Mail Address:			Date of Birth:		
While in school you intend to live:	Marital Status:	Total number of dependents:		dependents:	
with parents off-campus	Single	Divorced	Self		
on-campus	Married		Spouse	# of Children	
Do you intend to enter full-time church w	ork? Home Congregation	ı/City:			
Yes No Pastor's Name:	Dostorio Ciamotura				
astor's Name:	Pastor's Signature:				
Major Course of Study:	Church Work Vocat	Church Work Vocation:			
Period when you will use aid:	Your Signature:**	Date:		Date:	
to					
Month/Year Month/Year					
**The Financial Aid Officer has my permi	ssion to share with the District an	ıy need analysis inf	ormation contained in	ny financial aid files.	
SECTION II. To be completed by College	e/University or Seminary and	1 C 1. 1 4. 4	ha Dictrict Financia		
512C 11O1 11. To be completed by Colleg-		a torwaraea to t	ne District Financia	d Aid Officer.	
	•	Period of Dist		l Aid Officer.	
	, ,			l Aid Officer.	
			rict Aid:to	l Aid Officer. Month/Year	
Name of Institution:		Period of Dist	rict Aid:to	Month/Year	
Name of Institution: Address:		Period of Dist	rict Aid: to n/Year	Month/Year	
Name of Institution: Address:		Period of Dist	rict Aid:to n/Year Student Grade L	Month/Year	
Name of Institution: Address: City, State, Zip:	Estimated Gift Aid	Period of Dist Month	rict Aid:to n/Year Student Grade L	Month/Year evel:	
Name of Institution: Address: City, State, Zip: For Award Period	Estimated Gift Aid	Period of Dist Month Expected C Student	rict Aid: to n/Year Student Grade L ontribution Parents	Month/Year evel: Unmet Need	
Name of Institution: Address: City, State, Zip: For Award Period Estimated Cost of Education	Estimated Gift Aid	Period of Dist Month Expected C Student	rict Aid: to n/Year Student Grade L ontribution Parents	Month/Year evel: Unmet Need	

Authorized Signature: