



DISTRICT FINANCIAL AID APPLICATION
The Lutheran Church — Missouri Synod

***** SECTION I:** To be completed by the STUDENT

NOTE TO STUDENT: Your District may require additional financial and/or other information. Please comply promptly with their request in order to expedite the processing of your application.

Your Last Name		First Name		Middle Initial	Your Social Security Number	
Date of Birth	Permanent Home Address			Temporary School Address		
Telephone	City	State	Zip	City	State	Zip
Email			Marital Status		Total number of your dependents: _____ Spouse () Children ()	
Do you intend to enter full-time church work? _____ Yes _____ No			Major Course of Study			
Your Home District		Your Home Congregation/City			Your Pastor's Signature	
Period when you will use aid _____ mo. yr. to _____ mo. yr.		Your Signature*			Date	

*The Financial Aid Officer has my permission to share with the District any need analysis information contained on a FAF or GAPS FAS.

*****SECTION II:** To be completed by the COLLEGE OR SEMINARY

Name of College or Seminary		Period of District Aid from _____ mo. yr. to _____ mo. yr.	
Address		Student Grade Level	
City		State	Zip Code
Estimated Cost of Education for Aid Period	Estimated Gift Aid for Award Period	Expected Contribution Student Parents	Unmet need
Comment		Program of Study	

I hereby certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer

Date

*****SECTION III:** To be Completed by the DISTRICT

Amount of District aid approved	Type of District aid _____ Scholarship _____ Grant _____ Loan _____ In Service Loan
Signature of District official	Date

STUDENT: Send all copies to the Financial Aid Office.