



**MICHIGAN DISTRICT – LCMS
STUDENT AID
PASTORAL VERIFICATION FORM**

Name of Applicant: _____

Home Congregation / City: _____

Pastor's Name: _____

Phone Number: _____

The student noted above has applied for financial aid assistance from the Michigan District – LCMS. Please verify that the applicant is a member in good standing of your congregation. If you have any other additional comments, please note them below.

This verification is necessary for the student to be eligible to receive financial aid. Please return this form to the District Office by June 1.

The student named above, _____, is a member in
Applicant's name
good standing of _____ in
Congregation
_____, Michigan.
City

Additional comments:

Pastor's Signature

Date

Please return by June 1 to: Student Aid, Michigan District-LCMS, 3773 Geddes Road, Ann Arbor, MI 48105