



DISTRICT FINANCIAL AID APPLICATION
The Lutheran Church-Missouri Synod

NOTES TO STUDENT
IMPORTANT!

Student's District

- 1) Contact your District office for additional information that may be required and necessary to process your application.
- 2) Upon Completion of Section I of this application, send to the Financial Aid office of the Concordia college/university or seminary you choose to attend.

SECTION I: To be completed by Student.

Last Name:	First Name & Middle Initial:	Social Security No:
Street Address:		Telephone No.
City, State, Zip:		Date of Birth:
E-Mail Address:		
While in school you intend to live: (___)with parents (___) on-campus (___) off-campus	Marital Status: (___) S (___) M (___) D	Total number of dependents: _____ Self (___) Spouse (___) Children (___)
Do you intend to enter full-time church? Y(___) N(___)	Home Congregation/City:	
Pastor's Name:	Pastor's Signature:	
Major Course of Study:	Church Work Vocation:	
Period when you will use aid: _____ to _____ Month/Year Month/Year	Your Signature:** _____	Date: _____

*** The Financial Aid Officer has my permission to share with the District any need analysis information contained in my financial aid files.*

SECTION II: To be completed by College/University or Seminary and forwarded to the District Financial Aid Officer.

Name of Institution:	Period of District Aid: _____ to _____ Month/Year Month/Year			
Address:	Student Grade Level:			
City, State, Zip				
For Award Period		Expected Contribution		Unmet Need
Estimated Cost of Education	Estimated Gift Aid	Student	Parents	
<i>I certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.</i>				
Signature of Financial Aid Officer (or his/her representative): _____			Date: _____	

SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____