



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church--Missouri Synod

SECTION 1: To be completed by the STUDENT

STUDENT'S DISTRICT

After Completing Section 1 - please mail to the Financial Aid Office of the Concordia of your choice!

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

<u>Last Name:</u>		<u>First Name:</u>		<u>MI:</u>	<u>Soc Sec No:</u>
<u>Date of Birth:</u>	<u>Preferred Mailing Address</u>				
<u>Street Address:</u>		<u>E-Mail address:</u>			
<u>Telephone:</u>	<u>City:</u>				
<u>While in school you intend to live:</u>		<u>Marital Status:</u>	<u>Total number of your dependents:</u> _____		
_____ with parents _____ on-campus _____ off-campus		S ___ M ___ D ___	Self (___) Spouse (___) Children (___)		
Do you intend to enter full-time church work? _____ Yes _____ No		<u>Your Home Congregation/City:</u>		<u>Your Pastor's Signature</u>	
<u>Major Course of Study:</u>					
<u>Church Work Vocation:</u>					
<u>Period when you will use aid:</u>		<u>Your Signature*</u>		<u>Date:</u>	
_____ to _____					
Mo. Yr.	Mo. Yr.				

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

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

<u>Name of Institution:</u>		<u>Period of District Aid</u>		
<u>Address:</u>		_____ to _____		
		Month Year Month Year		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>	<u>Student Grade Level:</u>	
<u>For Award Period</u>		<u>Expected Contribution</u>		<u>Unmet Need</u>
<u>Estimated Cost of Education</u>	<u>Estimated Gift Aid</u>	<u>Student</u>	<u>Parents</u>	
I certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.				
<u>Signature of Financial Aid Officer or Person Completing Form</u>				<u>Date:</u>

SECTION III: To be Completed by the District

Amount of District Aid Approved

Suggestion: Keep copies as needed

Authorized Signature