

**NEBRASKA DISTRICT LCMS
CHURCH WORKER DEBT RETIREMENT APPLICATION**

Deadline: This completed application form and all other required documentation must be received by May 1, 2020. Mail to: Nebraska District LCMS, 152 South Columbia Avenue, PO Box 407, Seward, NE 68434. Questions? Call 888-643-2961 or e-mail: info@ndlcms.org Website: www.ndlcms.org.

Eligibility: Church workers must meet these criteria to be eligible. Please initial.

1. ____ I confirm that I am a full-time rostered church worker in the NE LCMS District .
2. ____ I currently have higher education debt incurred in pursuit of my professional church work degree.
3. ____ I am currently a full-time church worker and have completed at least one (1) year of full-time church work as a rostered member of the NE LCMS District.
4. ____ If chosen for a *debt retirement award*, I understand that payment will be made directly to my (student) loan company following verification of my full-time church worker status in the NE LCMS District.

5. **Name** _____
First Middle Initial Last

6. Contact Information

Home Address: _____

City: _____ State: _____ ZIP: _____

Primary telephone: (_____) _____

E-mail: _____

7. Number of years served in full-time church work in the Nebraska District _____.

8. Number of years served in full-time church work _____.

9. Current Call

Name of Congregation / School _____

Address: _____

City: _____ State: _____ ZIP: _____

Type of Call: _____

10. Institution Where Most Recent Debt Incurred

Name of Institution _____

Address: _____

City: _____ State: _____ ZIP: _____

Degree: _____

Approximate amount of Debt Incurred at Institution \$ _____.

Total Student Loan Debt Incurred in pursuit of professional church work degree(s) \$ _____

10. Financial Institution or Loan Company**

Name of Institution _____

Address: _____

City: _____ State: _____ ZIP: _____

Account Number: _____ Approximate Loan Balance \$ _____

11. Certification Statement

The undersigned confirms that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____

****Please attach a copy of a recent statement showing the name of the institution, name on account, account number and current balance.**

****Please consult your tax advisor for income and tax implications. A 1099 will be issued by the NDLCMS.**