



**DISTRICT FINANCIAL AID APPLICATION**  
**The Lutheran Church-Missouri Synod**

**NOTES TO STUDENT**  
**IMPORTANT!**

**Student's District**

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- 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:  City, State, Zip		Student Grade Level:		
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>				
<i>Signature of Financial Aid Officer</i> <i>(or his/her representative):</i> _____				<i>Date:</i> _____

**SECTION III: To be completed by the District.**

Amount of District Aid Approved: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_