



C O N C O R D I A U N I V E R S I T Y
N E B R A S K A

Nebraska Association of Congregations for Concordia
SCHOLARSHIP APPLICATION FORM

To be completed by the Student:

Application for annual NACC Scholarship for the _____ school year.

Name _____

Class Freshman Sophomore Junior Senior Grad

Home Address _____

City, State, Zip _____

Church Membership _____

City/Town _____

I have been a member since (year) _____

Pastor _____

To be completed by the Pastor:

I verify that (*student name*) _____

is a member in good standing of _____

Lutheran Church, and is eligible to receive the NACC Scholarship.

Pastor Signature _____

Date _____

Please return this form to:
Concordia University
Weller 101-NACC
800 North Columbia Avenue
Seward, Nebraska 68434