



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

IMPORTANT!

- 1) The Nebraska District requires the FAFSA be filed before consideration for a scholarship.
- 2) Upon Completion of Section I of this application, print, sign by you and your pastor, and 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:			
Street Address:				Telephone No:	
City, State, Zip:					
E-Mail Address:				Date of Birth:	
While in school you intend to live:		Marital Status:		Total number of dependents:	
<input type="checkbox"/> with parents	<input type="checkbox"/> off-campus	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	Self	<input type="checkbox"/>
<input type="checkbox"/> on-campus		<input type="checkbox"/> Married		Spouse	<input type="checkbox"/> # of Children <input type="checkbox"/>
Do you intend to enter full-time church work?		Home Congregation/City:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Pastor's Name:		Pastor's Signature:			
Major Course of Study:		Church Work Vocation:			
Period when you will use aid:		Your Signature:**		Date:	
<input type="text"/>	to <input type="text"/>	_____		<input type="text"/>	
Month/Year	Month/Year				

***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	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 certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer (or his/her representative): _____	Date: _____
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SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____