



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church--Missouri Synod

***SECTION 1: To be completed by the STUDENT

STUDENT'S DISTRICT

[Empty box for 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.

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

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 hereby certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory Progress.

Signature of Financial Aid Officer or Person Completing Form	Date
_____	_____

***SECTION III: To be Completed by the District

Amount of District Aid Approved	Suggestion: Keep copies as needed
_____	_____
	Authorized Signature