



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

**PACIFIC SOUTHWEST DISTRICT  
Use Only.  
Rec'd on:**

**IMPORTANT NOTES TO STUDENT:**

- 1) The Pacific Southwest District also requires a Pastor's Evaluation Form.
- 2) Upon Completion of Section 1 of this application, send to the Financial Aid office of the Concordia University or Seminary you choose to attend.

**SECTION 1: To Be Completed by Student**

Last Name:		First Name & Middle Initial		Cell Phone No: ( )	
Home Address:				Home Phone No: ( )	
City, State, Zip:				Date of Birth	
Email Address: (please print legibly)				Date of Birth	
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 work? 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 2: Completed by College/University/Seminary & forwarded to the District Office.**

Name of Institution:		Period of District Aid: _____ to _____ Month/Year                      Month/Year			
Address:		Student Grade Level:			
City, State, Zip:					
<b>For Award Period</b>		<b>Expected Contribution</b>		<b>Unmet Need</b>	
Est. Cost of Education	Estimated Gift Aid	Student	Parent		
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: _____ Date: _____					