

**SOUTHEASTERN DISTRICT, LCMS
STUDENT AID APPLICATION 2008/09**

check here if you are a first-time applicant

Application Deadline: May 31, 2008

Instructions: Complete pages one and two, sign, and mail to the address below no later than **May 31, 2008**. For assistance, contact David Kennedy in the Southeastern District office at 703-971-9371 or 800-637-5723.

First-time applicants only: A recommendation letter from your pastor as well as an acceptance letter from the school where you are enrolled must be received by our office before any payments will be mailed to the school.

Name _____
(First) (Middle Initial) (Last)

Please provide us with a mailing address where we can contact you in July 2008:

Street _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Date of Birth _____ Email address _____

Home congregation, city and state _____

Pastor's name _____

How long have you been a member of a Southeastern District, LCMS congregation? _____

Check the Concordia college, university, or seminary you will be attending:

<input type="checkbox"/> Ann Arbor, MI	<input type="checkbox"/> Irvine, CA	<input type="checkbox"/> River Forest, IL	<input type="checkbox"/> St. Paul, MN
<input type="checkbox"/> Austin, TX	<input type="checkbox"/> Mequon, WI	<input type="checkbox"/> Selma, AL	<input type="checkbox"/> CUEnet
<input type="checkbox"/> Bronxville, NY	<input type="checkbox"/> Portland, OR	<input type="checkbox"/> Seward, NE	<input type="checkbox"/> Other (explain on page 2)

<input type="checkbox"/> Fort Wayne, IN	<input type="checkbox"/> St. Catharines, ON
<input type="checkbox"/> St. Louis, MO	<input type="checkbox"/> Other (explain on page 2)

Anticipated date of graduation from school or seminary checked above _____

I plan to serve the LCMS as a:

<input type="checkbox"/> Pastor	<input type="checkbox"/> Deaconess	<input type="checkbox"/> DCO
<input type="checkbox"/> Teacher	<input type="checkbox"/> DCE	<input type="checkbox"/> Other (explain on page 2)

I will be entering my _____ year of: _____ Undergraduate _____ Seminary Studies* _____ Colloquy

* Anticipated vicarage assignment dates (from) _____ (to) _____

I will be a full-time student during the academic year 2008-09 and will be attending:

of Semesters _____ OR Quarters _____

I have read the application instructions and understand that I have applied for a conditional grant from the Southeastern District. I also acknowledge and accept the conditions of the grant as outlined in OM360

<http://www.se.lcms.org/pdfs/om360.pdf>

Signature of Student _____ Date _____

Parent/Guardian* _____ Date _____

* required for dependent students only

Mail to:

Student Aid Task Force
Southeastern District, LCMS
6315 Grovedale Drive
Alexandria, VA 22310

Provide an essay: Tell us why you want to serve as a parish worker and what led you to that decision. Include additional information you think is important for the task force to know in order to make a decision on an award.

If you have received student aid from us in the past, tell us about your experiences in school and how you feel you are progressing toward your goal.