

ST. PAUL'S LUTHERAN CHURCH

Fairmont, Minnesota

FINANCIAL AID APPLICATION
L.C.M.S. Secondary and Terminal Schools

This application is to be filled in triplicate. Applicant should retain one copy and send two copies to the address below.

Financial Aid
St. Paul's Lutheran Church
211 Budd Street
Fairmont, MN 56031

For the school year_____

PERSONAL INFORMATION

Name of Applicant_____ Date of Application_____

Street City State Zip

Place of Birth:_____ Date of Birth:_____

Marital Status: Single () Married () Telephone No._____

Parent Name(s):_____

Street City State Zip

Applicant intends to become a: Pastor_____ Teacher_____ Deaconess_____

Layworker_____ Director of Christian Education_____ in the L.C.M.S.

Which Synodical School, College, or Seminary will applicant attend for the next school term?

Which class will he or she enter next school term?_____

EDUCATIONAL EXPERIENCE

Name of School, High School, College or Vocational School_____

Years of Grade Point Attendance_____ Average_____

YOUR INCOME AND RESOURCES

Estimate costs and resources for the period of your request, namely, 20____-20____ academic year.

Tuition, books, board and room (etc.) \$_____

Estimate resources for same period: \$_____

FAMILY AND OTHER INFORMATION

Parent's Occupation:_____

Number of children in immediate family:_____

Number of children attending school away from home:_____

Where?_____

To what extent, approximately, will the parents and/or spouse support: \$_____

What amount does applicant expect to receive annually from other sources: \$_____

TERMS OF FINANCIAL AID

It is understood that in the event I do not complete my goal and serve three years in my chosen profession, I will repay the sum of the financial aid to St. Paul's Lutheran Church. This repayment will be made within three years after leaving school or my chosen profession. If a student for any reason is released from his studies St. Paul's Lutheran Church reserves the right to request a letter of explanation from the institution.

CERTIFICATION FOR ST. PAUL'S FINANCIAL AID

The foregoing statements and figures are true to the best of my knowledge and belief.

Date_____ Applicant's Signature_____

Parent's or Guardian's Signature_____

Pastor's Signature_____

ACTION ON FINANCIAL AID APPLICATION

Financial Aid application for the following reasons:

____Lack of adequate and available funds.

____Student's need for aid not effectively established.

____Other reasons (specify)_____

____Amount of Scholarship granted ____/____/____ Date

____Pastor _____Deacon

____/____/____ Date for check to be issued to student