



Dear Future Church Worker,

Thank you for your interest in pursuing service work for the Kingdom and applying for financial aid through the English District. Supporting church workers is a priority for the district, and we continue to work to increase the amount of funding available for students to pursue a ministry career. The first time you apply for aid, you need to complete all three pages of the English District Financial Aid Application. In subsequent years, you only need to complete the first page of the application unless your financial or personal situation has changed. These forms can be found on the English District [Website](#). To be eligible for a grant throughout the undergrad years, applicants must maintain a **2.5 GPA**.

Grants are given to applicants enrolled in synodical-approved church work programs (pastor, teacher, DCE, DCO, deaconess, etc.). Grants are not given to interns, vicars, or graduate students. There is a separate application for colloquy students which can also be found using the link above.

Scholarship Conditions

In addition to and notwithstanding any and all scholarship conditions and/or policies expressed herein, awardee must become and remain a rostered church worker with The Lutheran Church—Missouri Synod for a period of five (5) years following completion or cessation of the program(s) for which the recipient received scholarship funds. **Should the recipient fail to comply with this condition, the recipient shall become liable for repayment to the English District Lutheran Church—Missouri Synod of ALL scholarship funds awarded.**

The deadline for submission of the financial aid application is June 1. Applications received after that date, or those lacking requested information, will not be considered. In general, grants range between \$300 and \$2,000 dependent upon need, educational costs, and the amount of available funds.

Page 2: Complete section 1, have your home pastor sign it, and return the original to the university or seminary you are attending. (Send a copy to the English District office). The university/seminary will complete Section 2 and then forward the completed form to the English District. Please allow the academic institution enough time to complete Section 2 and return it to the district by **June 1st**.

Pages 3-4: First Time Applicant - complete and return to English District by June 1st.

Mail: English District LCMS - Financial Aid
33100 Freedom Road
Farmington, MI 48336-4030
Office: 248-476-0039

Fax: 248-476-0188

Email: info@englishdistrict.org

[LCMS Seminary and Concordia Contact Information](#)

[Colloquy Financial Aid Application](#)

In Christ,
Albert Amling, School Ministry Executive



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

IMPORTANT!

- 1) Contact your district office for additional information that may be required and necessary to process your application. Most districts require the FAFSA be filed before consideration for a scholarship.
- 2) Upon completion of Section I of this application, print, sign (you and your pastor), and send to the district office and 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:		Date of Birth:	
E-Mail Address:		GPA:	Date of Birth:
While in school you intend to live:		Marital Status:	
<input type="checkbox"/> with parents <input type="checkbox"/> off-campus		<input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<input type="checkbox"/> on-campus		<input type="checkbox"/> Married	
Do you intend to enter full-time church work?		Total number of dependents:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Self <input type="checkbox"/>	
Home Congregation/City:		Spouse <input type="checkbox"/> # of Children <input type="checkbox"/>	
Pastor's Name:		Pastor's Signature:	
Major Course of Study:		Church Work Vocation:	
Period when you will use aid:		Your Signature:**	
<input type="text"/> to <input type="text"/>		_____	
Month/Year Month/Year		Date: <input type="text"/>	

***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		
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: _____

Return application to:
 English District LCMS
 Email: info@englishdistrict.org
 Fax: 248-476-0188
 Mail: 33100 Freedom Road Farmington, MI 48336-4030

ENGLISH DISTRICT FINANCIAL AID INFORMATION FORM

This form must be completed once unless your financial situation or personal circumstances change, and the committee needs to have this new information.

(Use the reverse side if more explanation is needed)

Name: _____ Date: _____

Briefly provide information relating to your **FINANCIAL SITUATION** that would help the committee make a responsible decision:

Briefly provide information relating to your **FAMILY SITUATION** that would help the committee make a responsible decision:

Briefly provide information relating to your **ACADEMIC BACKGROUND** that would help the committee make a responsible decision:

Briefly provide information relating to your **LIFE AS A STUDENT** that would help the committee make a responsible decision.

Briefly provide information relating to the **VOCATIONAL DIRECTION YOU HAVE CHOSEN** that would help the committee make a responsible decision:

I grant permission for the use of my name in conjunction with English District publicity regarding student scholarships.

Synodical School: _____

Program: _____

Synodical School's City: _____

Student's Home Congregation:

Congregation Name: _____

Congregation City, State: _____

Signature of Applicant: _____

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Student E-mail: _____