



**Personal Aid Application for Church Workers Assistance
South Wisconsin District
The Lutheran Church-Missouri Synod**

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City, ST, Zip _____

E-mail _____ Date of Birth _____

Congregation (name and city) _____

SCHOOL INFORMATION

College/Seminary attending _____

City, ST _____ Year in School _____

Church work area: Pastor Lay Minister Deaconess DCO DCE

Secondary Teacher Elementary Teacher Early Childhood

Other _____

FINANCIAL INFORMATION *

Estimated cost of education (current year) _____

Estimated gift (grants/scholarships) aid (current year) _____

Expected contribution: Student _____ Parent _____

Projected debt: _____

* As we seek to gather additional grant/scholarship funding, this information is requested so we can present a clear picture of the financial needs. This data will not be shared with any other organization.

Why do you want to prepare for full-time church work? What led you to this decision?

(Your answers will help the Student Aid/Recruitment committee in its efforts to recruit future church workers.)

____ I have read and agree to abide by the Financial Aid Guidelines of the South Wisconsin District-LCMS.

____ I have completed the District Financial Aid Application, submitted it to the school named on the first page and have requested the school to send the necessary financial assistance information to the Student Aid & Recruitment committee.

Name _____ Date _____

RETURN BEFORE MAY 15 TO: SWD Student Aid & Recruitment Committee
8100 W. Capitol Dr.
Milwaukee, WI 53222