SOUTH WISCONSIN
DISTRICT
THE LUTHERAN CHURCH—MISSOURI SYNOD

Colloquy Financial Aid Application

Section I: To be completed by the **STUDENT**

Last Name	First Name	Middle Initial
Permanent Home Address	Telephone	
City	State	Zip Code
Your Home District	Your Home Congregation/City	School/City where you are serving
Your Pastor's or Principal's Signature	Your Pastor's or Principal's Name	
Course Title	Period When You Will Use Aid From MM YY To MM YY	
Your Signature	Date	

Section II: To be completed by **CUEnet**

Name of College	Period of District Aid From MM YY To MM YY	
Address		
City	State	Zip Code
☐ I hereby certify that the student named in Section I is taking the course listed in Section I.		
Signature of the Director of Teacher Colloquy Programs	Date	

Section III: To be completed by the **DISTRICT**

Amount of District Aid Approved	Type of District Aid
Signature of District Official	Date

STUDENT: Send one application for each course to the Colloquy program office at CUEnet

CUEnet
61990 Janalee Place, Bend, OR 97702
(800) 238-3037
info@CUEnet.edu