



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. This form 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,

Gail Holzer, Executive Director of Schools



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

IMPORTANT!

Reset Form

- 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 by you and your pastor, and send to 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: | | | |
| E-Mail Address: | | GPA: | Date of Birth: |
| While in school you intend to live: <input type="radio"/> with parents <input type="radio"/> off-campus <input type="radio"/> on-campus | | Marital Status: <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married | |
| Do you intend to enter full-time church work? <input type="radio"/> Yes <input type="radio"/> No | | Home Congregation/City: | |
| Pastor's Name: | | Pastor's Signature: | |
| Major Course of Study: | | Church Work Vocation: | |
| Period when you will use aid: _____ to _____ Month/Year Month/Year | | Your Signature:** _____ | |
| | | Date: _____ | |

***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: _____ |
|--|-------------|

SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____

Mail copy of Application to:
 English District
 33100 Freedom Road
 Farmington, MI 48336

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: _____

Name of Institution: _____

Student Grade Level: _____

Major Course of Study: _____

Church Work Vocation: _____

Scholarship Conditions

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Signature of Applicant: _____

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Student E-mail: _____