



Student Aid Application Form

For members of churches in the
California-Nevada-Hawaii District
of The Lutheran Church-Missouri Synod

FOR ALL FIRST-TIME APPLICANTS*

The California-Nevada-Hawaii District Student Aid funds provide additional financial aid resources for persons who fully intend to enter the ministry of service of the Lutheran Church-Missouri Synod. In completing this application, the student is informing the church of his/her intention to enter full-time professional church ministry. Please give the completed application to your pastor for his comments along with a stamped envelope addressed to the committee (*see next page for address*).

Name _____ Home Church _____ City _____

Home Address _____ City/State _____ Zip _____ Phone (____) _____

E-Mail Address _____ Anticipated Graduation Date _____

School Entering _____ Grade _____ Vocation chosen _____

Present School _____ Application Date _____ Entry Date _____

School Address _____ City/State _____ Zip _____ Phone (____) _____

PART 1

Please state your financial need and why. Be as specific as possible, including any circumstances which might require special consideration for funds. (ie family expenses, past indebtedness, other resources at your disposal, etc)

Based on the above information, I request a grant-in-aid from the CNH District in the amount of \$_____

PLEASE NOTE: Applicants will also need to complete the generic District Financial Aid Application form. This form is provided by the Financial Aid Office of the school that you plan to attend. Complete and return it to your financial Aid Officer before CNH grants are considered or awarded.

***This CNH form is not required each year of attendance**

PART 2**Note: please attach a separate sheet of paper for Part 2**

Please include comments and information which will assist in the proper evaluation of your request for aid. This should include...

- A witness to your personal faith in the Lord Jesus Christ.
- A statement sharing how you were led into full-time church work.
- A statement concerning your commitment to serve Him in His Church.
- A personal evaluation of your gifts and qualifications for such a career.
- A statement of how you seek personal fulfillment in such a career.
- What expectations you have for your future as a professional church worker.
- Your heart for those who are lost for lack of a savior.

Date _____ Your Signature _____

PART 3**FOR THE PASTOR OF THE APPLICANT**

Please give additional comments on the facts given in the above application as well as the applicant's financial needs: personal qualities in areas such as leadership, creativity, self-motivation, communication with family and peers; and any other information which would be useful to the committee's task. Please add a comment on the applicant's spiritual life as well (this remains confidential with us).

Date _____ Pastor's Signature _____

IMPORTANT: APPLICATION MUST BE RECEIVED BEFORE JULY 1!

Awards are slated to be applied by August 15

Mail to: Patrice Appold
c/o St. John Lutheran Church
4500 Buena Vista Road
Bakersfield, CA 93311-9702

For Committee Use Only

Date Received _____
Date Entered _____
Total Grant _____