

STUDENT FINANCIAL AID (SFA) APPLICATION for SYNODICAL SCHOOLS only

LWML Kansas District – Lutheran Women in Mission

The Lutheran Church—Missouri Synod

Return to:

Lisa Brack
1938 CR 390
Albert, KS 67511
620-923-6311
financialaid@kansaslwml.org
LWML Kansas District Gospel Outreach

RETURN BEFORE JUNE 1, 2020

New application Renewal

School year 2020-2021: (circle one) Freshman, Sophomore,
Junior, Senior, Sem I, Sem II, Sem III, Sem IV, Internship, Vicar

Name _____ Birthdate _____
Last First MI
 Male Female

Home Address _____
Street address City State Zip

School Address (opt.) _____

Phone _____ Email address _____
 Home # Cell #

Synodical School _____

Program of study: (circle one)

*Pastor — Teacher — Deaconess — Director of Christian Education — Director of Christian Outreach
Director of Family Life Ministry — Director of Parish Music — Lay Minister*

Will you be a full-time student? Yes No Will you attend the entire year? Yes No

Home congregation _____ City _____

Parent's/Spouse's name _____

Children's names and ages _____

**** My signature below is my approval for the Synodical School above to release enrollment and program of study to the LWML Kansas District for consideration of this application. ****

Applicant Signature

Date

**** Submission of a thank you note to the address above, grants the LWML Kansas District permission to publish it in various LWML Kansas District communications. ****