

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](mailto:financialaid@kansaslwml.org)  
LWML Kansas District Gospel Outreach

**RETURN BEFORE JUNE 1, 2019**

New application       Renewal

**School year 2019-2020:** (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. \*\***