



*How then will they call on him in whom they have not believed?  
And how are they to believe in him of whom they have never heard?  
And how are they to hear without someone preaching?  
And how are they to preach unless they are sent?*  
(Romans 10:14-15a)

LWML Kansas District application for Student Financial Aid (SFA) is available for communicant members of Kansas District LCMS congregations enrolled in any LCMS synodical school to prepare for church work and advanced degrees in church work:

- Pastor
- Teacher
- Director of Christian Education
- Director of Christian Outreach
- Director of Parish Music
- Director of Family Life Ministry
- Parish Assistant
- Deaconess

**Applications must be made annually.** Please indicate if this is a new application or a renewal.

Please indicate the school year for which the application is being made. Also be sure to indicate the appropriate program of study as well as the synodical school.

The applicant's signature gives approval for the synodical school to release enrollment information to LWML Kansas District for consideration of the application.

**The deadline of June 1 will be strictly enforced.**



**STUDENT FINANCIAL AID (SFA) APPLICATION  
FOR SYNODICAL SCHOOLS ONLY**

Check one:  New application  Renewal

**DEADLINE IS JUNE 1, 2021**

School year 2021-2022: (circle one)

*Freshman Sophomore Junior Senior Sem I Sem II Sem III Sem IV Internship Vicar*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Male  Female  
            Last                          First                          MI

Home Address \_\_\_\_\_  
  Street address                          City                          State                          Zip

School Address (opt.) \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Synodical School \_\_\_\_\_

Program of study: (circle one)

Pastor    Lutheran School Teacher    Deaconess    Director of Christian Education

Director of Christian Outreach    Director of Family Life Ministry    Director of Parish Music

Will you be a full-time student?  Yes  No

Will you attend the entire year?  Yes  No

Home congregation \_\_\_\_\_ City \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to:**    **Sandra Childs, Gospel Outreach Committee**  
**1008 N. Firefly Cir**  
**Wichita, KS 67235**  
[\*\*financialaid@kansaslwml.org\*\*](mailto:financialaid@kansaslwml.org)

**\*\* Submission of a thank you note to the Gospel Outreach Committee grants LWML Kansas District permission to publish it in various LWML Kansas District communications. \*\***