

IOWA DISTRICT EAST LWML - STUDENT FINANCIAL AID APPLICATION
The Lutheran Church—Missouri Synod

SECTION 1: To be completed by the STUDENT.

Last Name		First Name		Middle Initial	Social Security Number
Date of Birth	Permanent Home Address			Temporary School Address	
Telephone No.	(Include city, state and zip code.)			(Include city, state and zip code)	
While in school you intend to live: ___ with parents ___ on campus ___ off campus			Your marital status:	Total number of your dependents: _____ Spouse () Children ()	
Do you intend to enter full-time church work? ___yes ___no			Major course of study:		
Your Home District:		Your Home Congregation/City:		Your Pastor's Name:	
Period when you will use aid: _____ to _____ month/day/year month/day/year		Amount Requested	*Your signature		Date

*The Financial Aid Officer has my permission to share with the Iowa District East LWML Student Aid Committee any need analysis information contained on a FAF or GAPS FAS.

SECTION II: To be completed by the COLLEGE OR SEMINARY.

Name and Address of College or Seminary		Period of IDE LWML Aid		Student Grade Level:
_____		from _____ to _____		
(Include city, state and zip code.)		month/day/year month/day/year		
Estimated cost of education for aid period:	Estimated financial aid for award period:	Expected Contribution: Student _____ Family _____		Unmet Need:
Recommended Iowa District East LWML Grant:			Program of Study:	

I hereby certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer	Print or Type Name	Date
_____	_____	_____

SECTION III: To be completed by the IOWA DISTRICT EAST LWML.

Amount of Iowa District East LWML aid approved:	Type of Iowa District East LWML Aid: ___Scholarship ___Grant ___Loan ___In Service Loan
_____ Signature of Iowa District East LWML Official	_____ Date