

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:
(Include city, state and zip code.)		from ___ to ___ 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

Send a copy of this completed sheet to Joyce Roberson, 5 Willoughby Pl., Iowa City, IA 52240