

**Pacific Southwest District Grants – Student Aid 2010
Pastor’s Evaluation of the Applicant**

STUDENT: COMPLETE THE FIRST THREE LINES AND SEND THIS FORM TO YOUR PASTOR.
Do Not send this incomplete form to the District office or to your college or university.

Name of Applicant _____

Address _____ City, State, Zip _____

School Applicant Plans to Attend: CONCORDIA _____
(City)

To the Pastor:

The applicant named above has applied for financial aid from the Pacific Southwest District. Your evaluation of the student’s financial need is important to the committee. Each congregation is also encouraged to provide some assistance to students from its membership who are preparing for full time service in the Church.

Please complete this evaluation form and return it to the PSW District office at the address below by August 1, 2010. The committee cannot act on any student’s request until the pastor’s form has been received. Student s will not be eligible for District Aid if both this form and the Student’s District Aid Application are not received by the due date. Thank you for your cooperation.

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1. How long have you known the applicant? _____
2. Has this student expressed a desire to enter into full time church work? Yes ____ No ____
3. Does your knowledge of the financial situation of the applicant and/or family indicate a need for financial assistance? Yes ____ No ____ Do Not Know ____
4. Are there any special circumstances of which you are aware that would warrant consideration by this committee? Yes ____ No ____
If yes, what? _____

5. Does your congregation have a plan for providing financial assistance to those who desire to enter the full time work of the Church? Yes ____ No ____
6. If yes, how much financial assistance will this student receive from your congregation during the next academic year? \$ _____
7. Is the applicant a son of daughter of a professional church worker?
Yes ____ No ____ If Yes, what profession or position? _____

Signed: _____
(Pastor) (Date)

(Congregation, City, State)

Mail Completed Form to:

Barbara Farley
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President’s Office, Student Aid Program
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