



Pacific Southwest District Seminary Student Aid DISTRICT FINANCIAL AID APPLICATION

DUE DATE: June 3

PLEASE FOLLOW THESE DIRECTIONS:

Upon Completion of Section I of this application, print, sign the application and submit to the Financial Aid office of the Concordia college/university or seminary you choose to attend.

THIS IS A WRITABLE FORM.

Last Name: <input style="width: 95%;" type="text"/>		First Name & Middle Initial: <input style="width: 95%;" type="text"/>	
Home Address: <input style="width: 95%;" type="text"/>		Cell # <input style="width: 95%;" type="text"/>	
Email: <input style="width: 95%;" type="text"/>		Date of Birth: <input style="width: 95%;" type="text"/>	
While in School you intend to live: <input type="checkbox"/> on Campus <input type="checkbox"/> off campus, with _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Number of Dependents: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Number of Children	
Name & State of Institution: <input style="width: 95%;" type="text"/> Program Enrolled In: <input style="width: 80%;" type="text"/> Year you are entering: <input style="width: 80%;" type="text"/>		Home Congregation Name: <input style="width: 95%;" type="text"/> City/State: <input style="width: 95%;" type="text"/>	
Home Pastor's Name: <input style="width: 95%;" type="text"/>		Your Signature:** <input style="width: 95%; height: 40px;" type="text"/>	
I understand if I change plans for my vocation, or where I intend to study, <u>it is my responsibility to notify the Pacific Southwest District Office.</u>		Date: <input style="width: 95%;" type="text"/>	

MAIL. FAX or Email Completed form to:
 Fax: 949-854-8140
maddie.gong@psd-lcms.org
 Phone: 949-854-3232 ext 201

Maddie Gong
 Pacific Southwest District
 President's Office, Student Aid Program
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 Irvine, CA 92612-3203