



THE LUTHERAN CHURCH—MISSOURI SYNOD

Minnesota South District

... cultivating leaders intentionally engaged in the mission of God

APPLICATION FOR FINANCIAL AID

GRADUATE STUDENT

Date: _____

Name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

LCMS Home congregation, including city & state: _____

Are you on the roster? Yes No

Lutheran church/school you are serving: _____

University name & address: _____

City: _____ State: _____ Zip code: _____

Course to be enrolled: _____ Term: _____


Course to be enrolled: _____ Term: _____

Course to be enrolled: _____ Term: _____

(Please attach any additional, if needed)

Please submit a brief paragraph of how the graduate program will benefit the ministry:

(Please attach additional, if needed)

 Applicant's signature: _____

Application deadline: July 1

Mail to: Minnesota South District, Education Department, 14301 Grand Avenue South, Burnsville, MN 55306

Fax to: 952-435-2581

Email to: christina.krentz@mnsdistrict.org

FOR DISTRICT USE ONLY

Date application received: _____ Approved by: _____