

**LUTHERAN LAYMEN'S LEAGUE
CALIFORNIA-NEVADA-HAWAII DISTRICT
FINANCIAL AID APPLICATION**

*****SECTION 1: To be completed by the STUDENT**

NOTE TO STUDENT: Your District may require additional financial and/or other information. Please comply promptly with their request in order to expedite the processing of your application.

Your Last Name		First Name		Middle Initial	Your Social Security Number		
Date of Birth		Permanent Home Address			Temporary School Address		
Telephone	City	State	Zip		City	State	Zip
While In School You Intend to Live <input type="checkbox"/> With Parents <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus				Marital Status		Total Number Of Your Dependents _____ Spouse (<input type="checkbox"/>) Children (<input type="checkbox"/>) _____	
Do You Intend To Enter Full-Time Church Work <input type="checkbox"/> Yes <input type="checkbox"/> No				Major Course Of Study			
Your Home District		Your Home Congregation/City			Your Pastor's Signature		
Period When You Will Use Aid _____ To _____ Mo. Yr. Mo. Yr.		Your Signature _____			Date _____		

*The Financial Aid Officer has my permission to share with the District any need analysis information contained on a FAF or GAPSFAS

*****SECTION 11: To be completed by the COLLEGE OR SEMINARY**

Name of College or Seminary _____		* Period of District LLL Aid From _____ to _____ mo. yr. mo. yr.	
Address _____		Student Grade Level	
City State Zip			
Estimated Cost of Education For Grant Period		Estimated Grant For Award Period	Expected Contribution Student Parents
			Unmet Need
Comment		Program of Study	

I hereby certify that the student named in Section 1 is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer

Date

*****SECTION 111: To be completed by the DISTRICT LUTHERAN LAYMEN'S LEAGUE**

Amount of District Grant Approved	
Signature of District LLL Official	Date

STUDENT: Send all copies to the Financial Aid Office.

LUTHERAN LAYMEN'S LEAGUE
CALIFORNIA-NEVADA-HAWAII DISTRICT
STUDENT AID APPLICATION

The Lutheran Laymen's League of the California-Nevada-Hawaii- District Student Aid fund provides additional financial resources for persons who fully intend to enter the ministry of the Lutheran Church-Missouri-Synod.

The purpose of the Rourke Scholarship Endowment fund is to provide financial assistance grants to ministerial or teacher candidates preparing to enter the full time ministerial or teaching professions in approved Lutheran programs.

and be eligible for a grant, the candidate must be admitted to and diligently pursue an approved course of study at a seminary or college of the Lutheran Church-Missouri Synod.

I request a grant from the California-Nevada-Hawaii District of the Lutheran Laymen's League in the amount of \$ _____.

NAME-----

AGE-----HOME CHURCH-----CITY-----

HOME ADDRESS-----CITY-----STATE-----ZIP-----

SCHOOL ADDRESS-----CITY-----STATE-----ZIP-----

PRESENT SCHOOL-----APPLICATION DATE-----SCHOOL

TERM-----20-----20-----

VOCATION CHOSEN-----SCHOOL ENTERING-----GRADE-----

DATE-----APPLICANT'S SIGNATURE-----

Part 1 - What is your financial need and why? (Please be as specific as possible, including circumstances which would require special consideration for funds).

NOTE: Applicants will need to complete the District Financial Aid packet available at the school you plan to attend and return it to your school's Financial Aid Officer before the LLL loan/grants are awarded. In completing the application, the student is representing to the Church his/her intentions to enter full-time professional church ministry. Give the completed application form to your pastor for his comments with a stamped envelope, addressed for mailing to the Committee.

DATE: _____ APPLICANT'S SIGNATURE: _____

Part 2 – Comments and information which will assist in the proper evaluation of your request for aid.

We would appreciate:

- A witness to your personal faith in the Lord Jesus Christ.
- A statement sharing how you were led into full-time church work.
- A statement concerning your commitment to serve Him in His Church.
- A personal evaluation of your gifts and qualifications for such a career.
- A verbalization of how you seek personal fulfillment in such a career.
- What expectations you have for your future as a professional church worker.

(Please attach a separate sheet for this “{Part 2” of the Application)

Date: _____ Applicant’s Signature _____

TO THE PASTOR OF THE APPLICANT: Please give additional comments on the facts given in the above application, and on the applicant’s financial need, personal qualities in areas such as leadership, creativity, self-motivation, communication with family and peers, as well as any other information that would be useful to the Committee’s task.. Please include a comment on the applicant’s spiritual life. This remains *confidential* with the Financial Aid Committee.

Date: _____ Pastor’s Signature: _____

PLEASE COMPLETE AND RETURN BEFORE JULY 1.

MAIL TO: CNH District LLL
1014 Virginia St
Vallejo, CA 94590-6307

FOR COMMITTEE USE ONLY

Date: _____ Grant _____

Funds Sent To: _____ Date: _____