

APPLICATION FOR WAMPNER-HOFFMYER SCHOLARSHIP FUND

Name of Applicant _____ Age _____

Home address _____

Phone _____ Social Security Number _____

Parents or (other person not living in your household) to be used as an alternate way to contact you.

Name _____ Relationship _____ Phone _____

*If married Applicant's wife _____ Children # & ages _____

Seminary you will attend _____ Class level _____

Your employer _____ Annual Income _____

Wife's employer _____ Annual Income _____

What other support (congregation, church organizations, scholarship, etc.) will applicant receive?

Student Loan Indebtedness for college - Total Amount _____

Student Loan Indebtedness for seminary - Total Amount _____

I authorize the Financial Aid Office of Concordia Theological Seminary, Fort Wayne or Concordia Seminary, St. Louis to provide the information requested on this page.

Applicants Signature _____ Date _____

Wife's signature _____ Date _____

Home Congregation _____ City _____

Home Congregation Pastor's Signature _____

Month and year you became a member of a congregation in the Indiana District _____

To be completed by the Seminary's Financial Aid Office

Cost of Education for Aid Period _____

Estimated Gift Aid from the Seminary _____

Expected Student Contribution _____ (Results of FAFSA) Unmet Need _____

Financial Aid Officer _____ Date _____

This application must be **POSTMARKED BY JUNE 1ST!**

Return to: Wampner/Hoffmyer Scholarship Committee, St. Paul's Ev. Lutheran Church, 8601 Harrison Avenue, Munster, IN 46321 The Committee will then request information from the Office of Financial Aid.