

**APPLICATION FOR EDUCATIONAL DEBT ASSISTANCE GRANT  
SOUTH DAKOTA DISTRICT  
CHURCH WORKER EDUCATION DEBT ASSISTANCE  
COMMITTEE**

This application will be used for the purpose of assisting the South Dakota District LCMS Church Worker Education Debt Assistance Committee in distributing funds set aside by the District for aiding rostered synodical workers within the District in retiring their educational debt. This application is not a guarantee of funds to the applicant. Funds will be allocated at the discretion of the South Dakota District LCMS Church Worker Education Debt Assistance Committee. Application for any available funds must be made annually by **October 20** to the Church Worker Education Debt Assistance Committee. **It is the responsibility of the recipient of any funds to report as may be required by law to local, state, and federal taxing agencies.** The contents of this application are for the sole use of the committee, and will not be made public, and will remain on file with the Church Worker Education Debt Assistance Committee.

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ (work) \_\_\_\_\_ (home)

EMAIL ADDRESS \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN AND AGES \_\_\_\_\_

CURRENT POSITION WITHIN THE SOUTH DAKOTA DISTRICT (check one)

\_\_\_\_\_ Pastor \_\_\_ DCE \_\_\_ Teacher \_\_\_ Deaconess \_\_\_ Other (list)

**CHURCH EMPLOYMENT HISTORY**  
(start with most current congregation)

Congregation-Location

Position

Date of Service

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**SYNODICAL AND OTHER POST-HIGH SCHOOL INSTITUTIONS ATTENDED**

(begin with most recent institution you attended)

INSTITUTION-LOCATION

DATES

DEGREE

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**PART I  
FEDERAL EDUCATION INDEBTEDNESS**

Amount of Original Debt	Type	Monthly Payment	Balance Owed	At Date
Example: \$8,000	Stafford Loan	\$100	\$7,500	4/11/01
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	Sub Total Part I	_____	_____	_____

**Part II  
OTHER EDUCATIONAL DEBT INCURRED TO BE CONSIDERED BY THE COMMITTEE**

Amount of Original Debt	Description	Monthly Payment	Balance Owed	At Date
Example: \$1,000	Credit Card/Books	\$50	\$750	4/11/01
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	Sub Total Part II	_____	_____	_____
_____	Grand Total Part I & II	_____	_____	_____

**Total must exceed \$5,000 to be eligible for a grant.**

**SPECIAL NEEDS - Please use the space below to tell about any special needs that should be taken into consideration by the committee.**

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To the best of my knowledge, the above statements are accurate and true. I pledge to apply assistance received from the South Dakota District Church Worker Education Debt Assistance Committee to the retirement of my educational debt.

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Signature of Applicant

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Date

Mail completed application to:

South Dakota District - LCMS  
Attention: Church Worker Education Debt Assistance Committee  
PO Box 89110  
Sioux Falls, SD 57109-9110