



**The South Dakota District
The Lutheran Church – Missouri Synod
Application for Student Aid**



Name of applicant (please print) _____

Home Address _____

E-Mail _____

(Please notify the District Office if your e-mail changes)

Address to which correspondence should be sent if different from home address:

Phone: _____ Date and Place of Birth: _____

Name of Parents: _____

Vocation for which applicant is preparing: Pastor _____ Teacher _____ DCE _____ Other _____

If other, state which: _____

Which institution will applicant attend? _____ At _____

For College and University Students: Applicant will enter (circle one)

Freshman Sophomore Junior Senior Senior+

For Seminarians: Applicant will enter (circle one)

Sem I Sem II Sem III Sem IV Traditional Vicarage Deferred Vicarage

For which term is aid requested? _____ School Year 20____ - 20____

The applicant has read the policies governing the District with respect to student aid as listed in the Guidelines supplied with this application or on the District's Website and by the signature below thus indicates his/her understanding and acceptance of the same.

Signature of Parent or Guardian

Signature of Applicant

TO RECEIVE AID THE STUDENT MUST APPLY EVERY YEAR. APPLICATIONS SHOULD BE SENT TO THE DISTRICT OFFICE NO LATER THAN MAY 1. APPLICATION MAY BE FOUND ON THE WEBSITE <http://sddlcms.org> OR BY CALLING THE DISTRICT OFFICE FOR A COPY—605/361-1514.

Endorsement by Home Pastor:

I hereby certify that this applicant is a communicant member in good standing of _____ Lutheran Church of _____, South Dakota of which I am pastor.

Pastor's Signature

Date