

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 Herbert 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. To 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 Lutheran Laymen's League in the amount of \$ \_\_\_\_\_

NAME \_\_\_\_\_

AGE \_\_\_\_\_ HOME CHURCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_ SCHOOL TERM 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: \_\_\_\_\_

**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		Marital Status		Total Number Of Your Dependents _____
_____ With Parents _____ On-Campus _____ Off-Campus				Spouse ( ) Children ( ) _____
Do You Intend To Enter Full-Time Church Work		Major Course Of Study		
_____ Yes _____ No _____				
Your Home District	Your Home Congregation/City		Your Pastor's Signature	
Period When You Will Use Aid	Your Signature		Date	
_____ To _____ Mo. Yr. Mo. Yr.	_____		_____	

\*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	
Address		From _____ to _____	
City		mo. yr. mo. yr.	
State	Zip	Student Grade Level	
Estimated Cost of Education For Grant Period	Estimated Grant For Award Period	Expected Contribution	Unmet Need
		Student	Parents
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.**