

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 August 1st.

Mail your application to:

CNH District LLL

1014 Virginia Street

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 I: 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 | |
| <input type="checkbox"/> With Parents <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus | | | | | Spouse (<input type="checkbox"/>) Children (<input type="checkbox"/>) | |
| Do You Intend To Enter Full-Time Church Work | | | Major Course Of Study | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 II: 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 | | Student Grade Level | |
| Zip | | | |
| 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 I is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer

Date

*****SECTION III: 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.