

GUIDELINES FOR AWARDING OF STUDENT FINANCIAL AID - WYOMING DISTRICT

PURPOSE

The purpose of the Student Financial Aid fund is to provide scholarships for the men and women of the Wyoming District to train for full-time service in the Lutheran Church Missouri Synod (LCMS) and debt reduction assistance to rostered church workers of the LCMS.

OBJECTIVES

The objectives of Student Financial Aid are to cover four areas of needed assistance. The following four objectives detailed below are in a ranked order:

- 1) Scholarships
- 2) Education Loan Debt Reduction for Wyoming District graduates (first tier)
- 3) To help cover the cost of prospective students looking into full-time Church work visiting a Seminary, University or College. Will cover the cost of registration and or travel at an official visitation of Seminary, University or College, up to \$500.00. Will cover a one time visit to a college or University and one time visit to Seminary and one time attendance to Christ Academy per prospective Student
- 4) Education Loan Debt Reduction for graduates coming into the Wyoming District (second tier)
- 5) Support to any LCMS seminary, college, or university as recommended by the CCS and approved by the Wyoming District Board of Directors.

SCHOLARSHIP GUIDELINES

- 1) Applicants will file the FAFSA Form (Free Application for Federal Student Aid.) which may be used to determine financial support. This FAFSA form may be obtained in an electronic version via the internet at www.fafsa.ed.gov.
- 2) Applicants must also complete the Wyoming District Application Form and Section 1 of the District Financial Aid Application — LC-MS. These forms may be downloaded at wylcms.org.
- 3) Students who apply will receive a minimum amount of assistance per semester, regardless of need, the amount to be determined each year by the Commission of Congregational Services (CCS.)
- 4) Financial aid is available to all men and women attending a Synodically operated seminary, university, or college for the purpose of preparing for full-time service in the LCMS.
- 5) The application deadline for filing applications with the District shall be May 1.
For those applicants contemplating their training to start in the second (2nd) semester, the deadline for filing applications with the District shall be October 1. Late applications will not normally be accepted, but they may be considered under extenuating circumstances.

- 6) Assistance is awarded for one school year at a time. A new application must be filed each year for which assistance is desired.
- 7) All applicants must be an active communicant member in a congregation within the Wyoming District. Exceptions may be granted in extenuating circumstances.
- 8) Students who receive assistance from the Wyoming District and transfer their membership to a parish in another District shall continue to receive such assistance to the close of the school year in which the transfer took place.
- 9) Financial assistance is not ordinarily awarded for summer school.
- 10) Financial assistance is not awarded to students during vicarage or internship.
- 11) Applications for assistance for post-graduate work shall be considered only in exceptional cases.
- 12) A student who discontinues or suspends his/her preparations for full-time service in the LCMS must immediately notify the Facilitator.
- 13) Each seminary student will be required to attend a “financial planning” event as provided by the seminary, and any expenses to the student may be covered by the district. For students attending a Synodical university or college, resources regarding proper financial management will be given.

PRODEURE FOR MAKING SCHOLARSHIP APPLICATION

- 1) Complete Section I of the District Financial Aid Application and turn into your school financial aid office and complete the Wyoming District Scholarship Application Form and mail to the Facilitator of Student Aid before May 1. These forms can be found at wylcms.org.
- 2) Sign and date a copy of the Guidelines for Awarding Student Financial Aid – Wyoming District and mail to the Facilitator of Student Aid.
- 3) The Wyoming District shall make payment on behalf of the student directly to the business office of the school attended by the student.
- 4) The student will generally be informed by the Facilitator as soon as he receives all pertinent information.

I certify that I have read the above guidelines and agree to the terms indicated.

Signature _____

Date _____

WYOMING DISTRICT SCHOLARSHIP APPLICATION FORM

Please complete this Form and return it to the
District Student Aid Facilitator by May 1, or sooner

NAME _____ DATE OF BIRTH _____

MARITAL STATUS: Single ____ Married ____

Husband or Wife's Name _____

Number of children _____ Ages of children _____

Name of Home Congregation: _____

Pastor: _____ Address: _____

ADDRESSES:

Home _____ E-mail _____

College or Seminary _____ E-mail _____

Summer Address _____

Telephone No. Home _____

College or Seminary _____

Summer _____

SYNODICAL SCHOOL YOU WILL BE ATTENDING:

YEAR FOR WHICH YOU ARE REQUESTING FINANCIAL AID _____

YEAR OF SCHOOL (1st, 2nd, Etc.) _____

Are you going on vicarge or an internship this year? ____ Yes ____ NO

ANTICIPATED GRADUATION DATE _____

MAJOR COURSE OF STUDY:

Pastoral Ministry _____ Lutheran Teaching Degree _____

Director of Christian Education _____ Deaconess _____

Other Church Related Field—Name _____

ESTIMATED INCOME:

Expected summer employment income \$ _____

Expected work study or employment income \$ _____

Expected annual income of spouse \$ _____

Known grants and scholarships:

Source _____ \$ _____
Source _____ \$ _____
Source _____ \$ _____

Aid received from congregation(s) last year (\$ _____)
(Not to be added in total projected income)

Aid expected from congregation(s) this year

Source _____ \$ _____
Source _____ \$ _____

Financial aid expected from praents \$ _____
From others \$ _____

(If no aid is expected from the sources above, be sure to note with “none”)

- A. Total projected income \$ _____
- B. Projected costs for academic year \$ _____
- C. Acutal anticipated unmet needs \$ _____
(subtract line a from line b)

PLEASE EXPLAIN WHY YOU ARE REQUESTING FINANCIAL AID.

(Outline your need for financial aid – Use separate sheet if needed)

Signature of Applicant Date Signature of your Pastor Date

RETURN TO: Rev. Richard C. Mueller
WY District Student Aid
P.O. Box 715
Alliance, NE 69301
Office 308.762.4663
Cell 308.760.7213
email: doulos63@gmail.com



DISTRICT FINANCIAL AID APPLICATION

The Lutheran Church-Missouri Synod

NOTES TO STUDENT

Student's District

WYOMING

IMPORTANT!

1) The Nebraska District requires the FAFSA be filed before consideration for a scholarship.

Reset Form

2) Upon Completion of Section I of this application, print, sign by you and your pastor, and send to the Financial Aid office of the Concordia college/university or seminary you choose to attend.

SECTION I: To be completed by Student.

Last Name:		First Name & Middle Initial:			
Street Address:				Telephone No:	
City, State, Zip:					
E-Mail Address:				Date of Birth:	
While in school you intend to live:		Marital Status:		Total number of dependents:	
<input type="radio"/> with parents	<input type="radio"/> off-campus	<input type="radio"/> Single	<input type="radio"/> Divorced	Self	<input checked="" type="checkbox"/>
<input type="radio"/> on-campus		<input type="radio"/> Married		Spouse	<input type="checkbox"/>
Do you intend to enter full-time church work?		Home Congregation/City:			
<input type="radio"/> Yes	<input type="radio"/> No				
Pastor's Name:		Pastor's Signature:			
Major Course of Study:		Church Work Vocation:			
Period when you will use aid:		Your Signature:**		Date:	
to					
Month/Year	Month/Year				

***The Financial Aid Officer has my permission to share with the District any need analysis information contained in my financial aid files.*

SECTION II: To be completed by College/University or Seminary and forwarded to the District Financial Aid Officer.

Name of Institution:		Period of District Aid:		
		to		
		Month/Year	Month/Year	
Address:			Student Grade Level:	
City, State, Zip:				
For Award Period		Expected Contribution		Unmet Need
Estimated Cost of Education	Estimated Gift Aid	Student	Parents	

I certify that this student is accepted for enrollment, or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer (or his/her representative): _____	Date: _____
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SECTION III: To be completed by the District.

Amount of District Aid Approved: _____ Authorized Signature: _____

revised 05/07/10