## MISSOURI DISTRICT LUTHERAN LAYMEN'S LEAGUE Application for Grant

NAME of APPLICANT					
(please print)	Last	F	irst	Middle	
Home Address			МО		
Str	reet	C	lity	Zip	
Date of Birth		Telephone_			
College/Seminary		City			
Grant to be used from month / year		to month / yea	Grade Level		
Specify, if you plan to become	ome a:				
Pastor Teacher	D.C.E	Deaconess	Other		
Parents' Name					
Address					
Street		City	State	Zip	

Conditions of grant: Application deadline: July 1, 2017

- a) The \$100 grants are for one scholastic year, paid directly to the business office of the school and credited to the account of the recipient.
- b) Grant applications are dated when received and awarded in this order with preference given to: 1. Ministerial 2. Teacher 3. Deaconess/D.C.E. 4. Other
- c) Grants are awarded assuming a need for financial help exists.
- d) It is to be understood by the applicant that if, for no sufficient reason, the student discontinues his or her studies, or is dismissed from the school, or fails to use his or her profession for at least one year that one-half (1/2) of the amount of the grant be repaid to the Missouri District Lutheran Laymen's League.
- e) Grants are made only to students attending any of our Missouri Synod supported seminaries, colleges, or students residing on campus at St. Paul's High School in Concordia, Missouri.
- f) Any student applying for a grant must be a member of a Missouri District Lutheran Church.
- g) No grant shall be awarded to the same person two (2) years in succession, unless money is available and all other applications are honored.
- h) If any application is not completely filled out and signed properly, it becomes void and not honored.
- i) A copy of a letter of acceptance from the seminary, college, or St. Paul's High School must be attached.
- i) All applications are subject to approval of the Student Assistance Committee.

I hereby acknowledge that I have read and understand the conditions of the grant, that I have financial need, and that I intend to enter full-time service to my Lord and Savior Jesus Christ, and to the Lutheran Church—Missouri Synod. I understand my obligations and hereby make application for a grant in aid as outlined.

Signature of Applicant	Date
Signature of Parent (if applications)	ant is under 19 years of age)
I hereby certify that the above student i her studies at one of our Lutheran Syno	s in need of financial assistance to begin or continue his/dical schools.
Signature of Pastor	Name of Congregation
Address of Congregation	

## APPLICATION DEADLINE IS JULY 1, 2017

Mail this completed application and your letter of acceptance to:

Missouri District Lutheran Laymen's League Student Assistance Chairman Mr. Cleo L. Steffens 6013 La Chateau Court St. Louis, MO 63129