

**FINANCIAL AID APPLICATION for SYNODICAL SCHOOLS only**

Kansas District LWML - Lutheran Women in Mission  
The Lutheran Church-Missouri Synod

Carol Nix  
1441 N. Rock Rd. # 903  
Wichita, KS 67206  
[canshopks@cox.net](mailto:canshopks@cox.net)  
*Member, Kansas District LWML*  
*Mission Projects Committee*

RETURN BEFORE **JUNE 1, 2009**

New application\_\_\_\_\_ Renewal\_\_\_\_\_  
Class level 2009-2010\_\_\_\_\_

Name\_\_\_\_\_ Birthdate\_\_\_\_\_  
Last First MI Male\_\_\_\_\_ Female\_\_\_\_\_

Home Address\_\_\_\_\_ Street address City State Zip

Home phone\_\_\_\_\_ E-mail address\_\_\_\_\_

School Address (opt.) \_\_\_\_\_

Home congregation\_\_\_\_\_ Name City

Synodical School\_\_\_\_\_

\*\*\*\*\*Registrar form must be returned from your school (find attached)

Will you be a full-time student?\_\_\_\_\_ Will you attend the entire year?\_\_\_\_\_

Circle your program of study: Pastor - Teacher - Lay Minister - Deaconess - Parish Nurse - Parish Worker - Parish Assistant - Parish Social Worker - Director of Parish Music - Director of Christian Outreach - Director of Christian Education

Father's name\_\_\_\_\_

Mother's name\_\_\_\_\_

Spouse's name\_\_\_\_\_

Children's names and ages\_\_\_\_\_

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_

Pastor's signature / Home congregation

LWML Zone or Society President / signature