



**MICHIGAN DISTRICT, LCMS  
STUDENT AID  
PASTORAL VERIFICATION FORM**

**Name of Applicant:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_

**Home Congregation / City:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Pastor's Phone Number:** \_\_\_\_\_

The student noted above has applied for financial aid assistance from the Michigan District – LCMS. Please verify that the applicant is a member in good standing of your congregation. If you have any other additional comments, please note them below.

This verification is necessary for the student to be eligible to receive financial aid. Please return this form to the District Office by June 1.

**The student named above,** \_\_\_\_\_, **is a member in**  
Applicant's name  
**good standing of** \_\_\_\_\_ **in**  
Congregation  
\_\_\_\_\_, **Michigan.**  
City

**Additional comments:**

\_\_\_\_\_  
**Pastor's Signature**

\_\_\_\_\_  
**Date**

**Please return by June 1 to: Student Aid, Michigan District, LCMS, 3773 Geddes Road, Ann Arbor, MI 48105**