



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

**Due June 1 – If you're starting your education in the fall  
or continuing to apply for aid**

**Due November 1– If you're STARTING your education in the spring  
Semester AND have never applied for aid before**

**Student, fill out the following:**

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

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

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

**I am a \_\_\_\_\_ student going to \_\_\_\_\_**  
Course Major School Name and Location  
**starting in the \_\_\_\_\_ of \_\_\_\_\_.**  
Fall or Spring Academic Year

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

**By marking this box, I (the student) certify that I have read the guidelines and agree to pay back the total aid I have used IF I drop out of my church worker education program OR do not maintain at least a two-year commitment to Church work.**

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

**This verification should be done annually and is necessary for the student to be eligible to receive financial aid.**

**Page 2 Should be filled out by your pastor and sent to the district office along with this page.**

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