



English District – LCMS

Colloquy Financial Aid Form

Student: Please complete all sections, including required signatures. Please keep a copy for your records. Email completed form to Gail Holzer at gholzer@englishdistrict.org

SECTION 1:

Last Name:	First Name & Middle Initial:
Street Address:	Phone:
City, State, Zip:	Email:
Are you currently serving as a full-time church worker? Yes No	Home Congregation/District:
Pastor's Name:	Pastor's Signature:
Major course of study:	Church work vocation:
Parish/School serving:	Parish/School City, State:
Principal's Name:	Principal's Signature:
Start date/Estimated finish date:	Applicant's signature: Date:

SECTION 2: TO BE COMPLETED BY THE DISTRICT:

Amount of District Aid Approved:
Type of District Aid:
Authorized Signature: Date: