

APPLICATION FOR STUDENT "REPAYABLE AWARD"

Lutheran Church - Canada, Central District

3074 Portage Ave. Winnipeg, MB R3K 0Y2

Name: (last) _____ (first) _____

Date of Birth: _____ Single? _____ Married? _____ Children? _____

Social Insurance Number # _____ - _____ - _____

Home Address: _____ Postal Code: _____

Parent's Address: _____ Postal Code: _____

Phone # where applicant can be reached: _____ e-mail: _____

Which School will you attend? _____

School Address: _____ Postal Code: _____

Your intended profession: (Pastor, Teacher, Deaconess, or Parish Worker) _____

Your class next term? _____

Your home Pastor _____ Church and Loc. _____

<u>Name</u>	Occupation	_____	Income	_____
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Father: _____

Mother: _____

Applicant: _____

Spouse: _____

If you have any children, please list their names and ages. _____

How much financial aid have you received to date from the Central District? _____

How many more years do you anticipate you will need financial assistance? _____ years

What is your total indebtedness (that which you must repay) from all sources? \$ _____

Please complete the budget portion of the application on the next page.

BUDGET:

Expenses:

-	a) Total Educational Expenses:	- Tuition	\$ _____
-		Books	\$ _____
-		Fees	\$ _____
-		Travel to & from school	\$ _____
-		Other	\$ _____
	b) Total Living Expenses	- Rent (or dorm fees)	\$ _____
-		Food	\$ _____
-		Clothing	\$ _____
-		Medical	\$ _____
-		Other Travel	\$ _____
-		School for children	\$ _____
-		Other	\$ _____
	TOTAL	EXPENSES	\$ _____

Income:

Amount you will provide: \$ _____

Amount your parents will provide: \$ _____

Amount from other sources: \$ _____

TOTAL INCOME \$ _____

TOTAL AMOUNT REQUESTED (Income – Expenses) \$ _____

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**Assistance (Aid) will be determined on the basis of need and availability of funds.**

**I have read and agree to the Students Aid Regulations.**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co- Signer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_