



Indiana District . The Lutheran Church . Missouri Synod
Campus Ministry Worker Assistance Application

Name: \_\_\_\_\_
First Middle Last (Maiden)

Address: \_\_\_\_\_
Street Address Apt # City State Zip

Email Address: \_\_\_\_\_
Confirmation that this form has been received and future correspondence will be via email.

Phone: \_\_\_\_\_
Personal Phone Number Office Phone Number

Current Position: \_\_\_\_\_
Pastor - Teacher - Deaconess - DCE - DCO - DPM - Lay Minister - Family Life - etc.

Name & Address of Current Employer (Church/School/RSO)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which Synodical School did you attend? - List academic years (i.e. 2008-2012)

Table with 3 columns: Academic Years, Synodical School, Degree Earned

Request for Financial Assistance:

Purpose: \_\_\_\_\_

Request amount \$ \_\_\_\_\_

- Applications for educational debt elimination grants must include documentation of outstanding indebtedness.
Applications for grants covering tuition assistance, continuing education, conferences & training, etc. must include copies of paid receipts.

Signature of Representative where you are currently serving

(Pastor, principal; chairman of Elders; School Board Chair; RSO Director)

Signature of Representative \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Applying for Grant \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to:
Mail: Campus Ministry Worker Assistance Fund
Indiana District - LCMS
1145 S Barr Street
Fort Wayne IN 46802
FAX: 260-423-1514
Scan/Email cody.dodson@in.lcms.org
An application must be made for each eligible year