

Indiana District – The Lutheran Church – Missouri Synod **Church Worker Grant Application**

Name:					
	First	Middle	Last	(Maiden)	
Address:					
	Street Address	Apt #	City	State Zip	
Email Addr	ess:				
		•	nce will be via email		
Phone:	Personal Phone Number		Office Phone Number		
Current Po	Pastor	– Teacher – Deaconess – De	CE – DCO – DPM – Lay Min	ister – Family Life – etc.	
		Employer (Church/So			
				University or Seminary (mm/yyyy)	
Congregati	on Name				
			State		
Which Syn Academic Yo		did you attend? – List nodical School	t academic years (i.e.	2008-2012) Degree Earned	
_	-	here you are currently sers; School Board Chair; RSC	_		
Signature of Representative Printed Name of Representative			Indiana D 1145 S Ba	orker Grant istrict LCMS arr Street ne IN 46802	
			FAX: 260-423-1	260-423-1514	
Position		Date		ucation@in.lcms.org st be made for each eligible year	
Signature of F	Person Applying for Gr	ant	, арричаной пи	5. 25 made to: Gaoir originio your	

Please return the completed form by Dec. 31