



Indiana District – The Lutheran Church – Missouri Synod
Pastor Student Debt Reduction Assistance Application

Name: _____
First Middle Last

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: _____

Name & Address of Current Employer (Church/School)

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:

Request amount \$ _____

- Applications for educational debt elimination grants must include documentation of outstanding indebtedness.

Signature of Representative where you are currently serving

(Pastor; chairman of Elders; School Board Chair)

Signature of Representative

Printed Name of Representative

Position Date

Signature of Person Applying for Grant Date

Please return the completed form to:
Mail: Pastor Student Debt Reduction 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