

AL AND INA CHRISTIANSEN SEMINARY SCHOLARSHIP
Application Form – 200__/200__ Academic Year

Any ELCA student attending Luther or Wartburg Seminary in preparation for parish ministry, missionary service or ministry in music is eligible to apply for a Christiansen Scholarship. The amount of each award will be determined by the Trustees of the Christiansen Trust Fund in consultation with the Director of Financial Aid on the basis of student need and available funds. **Preference will be given to students from the Northeastern Iowa Synod, but students from all synods of the ELCA are eligible to apply.** Deadline for application is October 31, of each year.

Please print or type.

Name: _____ Home congregation: _____

Address during school: _____ Address: _____

Phone: _____ Home synod: _____

Year in seminary (in fall term): _____ Marital Status: _____

Senior _____ Middler _____ Junior _____ Is spouse a student? _____

Full time _____ Part time _____ School attending: _____

Full time _____ Part time _____

ANTICIPATED EXPENSES/YEAR

Tuition _____ ANTICIPATED INCOME/YEAR

Books _____ Spouse's job _____

Housing _____ Student's job _____

Food _____ Financial Aid: Gifts _____

Medical _____ Loans _____

Insurance _____ Other Income _____

Other _____

TOTAL _____ TOTAL _____

SCHOOL LOAN INDEBTEDNESS _____

How large a scholarship do you think you require per year? _____

For the following questions please give complete and detailed answers. If you need additional space please feel free to continue on a separate form.

If you do not receive this scholarship, will you be able to finance your seminary education from other sources? _____

If yes, please describe your other sources, including loans:

Describe the type of parish you would like to serve:

CERTIFICATION OF REGISTRAR:

The applicant is a student in good academic standing at Luther Seminary.

Registrar's signature _____

CERTIFICATION OF FINANCIAL AID OFFICER:

Amount of financial need assessed by Financial Aid Office:

\$ _____ Date: _____

Financial Aid officer's signature: _____

Comments:

WAIVER TO RELEASE CONFIDENTIAL INFORMATION:

I give my permission for the Financial Aid Office to share necessary financial information with the **Al and Ina Christiansen Charitable Trust**.

Please return application to the Financial Aid Office; application will be forwarded to the **Al and Ina Christiansen Trust**, c/o Pastor Donald Berg, 407 Leif Erickson Drive, Decorah, IA 52101-1038

Student signature: _____ Date: _____

Social Security Number: _____