

WYOMING DISTRICT APPLICATION FORM

Please complete this Form and return it to the
District Student Aid Facilitator by May 1, or sooner

NAME _____ DATE OF BIRTH _____

MARITAL STATUS: Single ____ Married ____

Husband or Wife's Name _____

Number of children _____ Ages of children _____

Name of Home Congregation: _____

Pastor: _____ Address: _____

ADDRESSES:

Home _____ E-mail _____

College or Seminary _____ E-mail _____

Summer Address _____

Telephone No. Home _____

College or Seminary _____

Summer _____

SYNODICAL SCHOOL YOU WILL BE ATTENDING:

YEAR FOR WHICH YOU ARE REQUESTING FINANCIAL AID _____

YEAR OF SCHOOL (1st, 2nd, Etc.) _____

Are you going on vicarge or an internship this year? ____ Yes ____ NO

ANTICIPATED GRADUATION DATE _____

MAJOR COURSE OF STUDY:

Pastoral Ministry _____ Teaching _____

Director of Christian Education _____ Deaconess _____

Other Church Related Field—Name _____

