St. John's College Alumni Association, Inc.
Winfield, KS

APPLICATION FOR STUDENT FINANCIAL AID FOR 2015-2016

To ALL Applicants: Please type or print to complete this application. Sign your name and enter the date on page 3. Make a copy of the application for your files. Return the completed application by mail postmarked on or before **April 1, 2015**; or by email dated on or before **April 1, 2015**.

St. John's College Alumni Association
PO Box 376 **Email: sjcaa1@cox.net**
Winfield, KS 67156-0376

A. To be completed by ALL applicants:

Name:		Age:
Address:		
City:	State:	Zip:
Phone:	Social Security: ***-**-	
Email:		

Marital Status: ☐ Single ☐Engaged ☐Married **Gender**: ☐Male ☐Female

B. To be completed by DEPENDENT applicants only:

Parents Name:		
Address:		
City:	State:	Zip:

C. To be completed by ALL applicants.
With this application, I am applying as a ☐**First Time** or ☐**Renewal** applicant to the St. John's College Alumni Association for student financial assistance.

D. To be completed by ALL applicants. Check and complete all that apply.

☐	I am a (**check all that apply and give name of alumnus**) ☐son, ☐daughter, ☐ grandson, ☐granddaughter, ☐great-grandson, or ☐great-granddaughter of (please give maiden name if applicable)	
	…who was a student or faculty member at SJA or SJC from	to

E. To be completed by ALL applicants.

I plan to enroll at:

_____

Name of School City & State

I plan to enroll as a **full-time** student (12 or more semester hours; 9 or more quarter hours) for the

☐ fall	☐ spring	semester **or;**
☐ fall	☐ winter	☐ spring quarter

The **program of study** (nursing, elementary education, pastoral ministry, accounting, etc.) for which I will register is:

_____

I am enrolling in this program of study because I intend to prepare for full-time professional church service in The Lutheran Church-Missouri Synod as a (**check one**):

☐ Deaconess	☐ Lay Minister
☐ Director of Education (DCE)	☐ Parish Assistant
☐ Director of Christian Outreach (DCO)	☐ Pastor
☐ Director of Family Life (DFL)	☐ Teacher (elementary or secondary)
☐ Director of Parish Music (DPM)	☐ Other (explain in Comments section)

F. To be completed by ALL applicants.
My educational classification in 2015-2016 will be:

☐ **College/University (1)**	☐ Freshman	☐ Sophomore	☐ Junior	☐ Senior	☐ 5th Year
☐ **Seminary (2)**	☐ Seminary I	☐ Seminary II	☐ Seminary III	☐ Seminary IV	
☐ **Colloquy**	☐ Colloquy I	☐ Colloquy II	☐ Colloquy III		
☐ **SMP**	☐ Year I	☐ Year II	☐ Year III	☐ Year IV	

NOTES:
(1) If you check "5th year", please explain in "Comments" why you will be classified as 5th year.
(2) If you check "Seminary III" or "Seminary IV" please explain in "Comments" whether the year check is your vicarage year.

Date: **Signature:** _____

Printed name: _____

Application Deadline for 2015-2016: April 1, 2015

Comments: Use this space or an attached page to clarify any point in this application.
