***St. John’s College Alumni Association, Inc.***

**Winfield, KS**

**APPLICATION FOR STUDENT FINANCIAL AID FOR 2024-2025**

**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, 2024**; or by email dated on or before **April 1,** **2024**.

**St. John’s College Alumni Association**

**PO Box 376 Email:** [**sjcaa1@cox.net**](mailto: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) | Pastoral Ministry |
| 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 2024-25 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 checked “5th year”, please explain in “Comments” why you will be classified as a 5th year college student.

(2) If you checked “Seminary III” or “Seminary IV” please explain in “Comments” whether the year checked is your vicarage year.

|  |  |
| --- | --- |
| **Date:** | **Signature:** |
| **Printed name:** | |

**Application Deadline for 2024-25: April 1, 2024**

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

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