## 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
Winfield, KS 67156-0376

A. To be completed by ALL applicants: Name: Age: Address: City: State: Zip: Social Security: \*\*\*-\*\*-Phone: 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 mem	ber 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 <b>full-time</b> student (12 or more semester hours; 9 or more quarter hours) for the	
1 plan to enion as a tun-time student (12 of more semester nours, 5 of more quarter nours) for the	
	ring semester <b>or</b> ;
☐ fall ☐ wi	inter spring quarter
The <b>program of study</b> (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 ( <b>check one</b> ):	
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)

<b>F. To be completed by ALL applicants.</b> My educational classification in 2024-25 will be:		
College/University (1)	☐Freshman ☐Sophomore ☐Junior ☐Senior ☐5 <sup>th</sup> Year	
Seminary (2)	Seminary I Seminary II Seminary III Seminary IV	
<b>Colloquy</b>	☐ Colloquy I ☐ Colloquy II ☐ Colloquy III	
□SMP	☐ Year II ☐ Year III ☐ Year IV	
<ul> <li>NOTES:</li> <li>(1) If you checked "5<sup>th</sup> year", please explain in "Comments" why you will be classified as a 5<sup>th</sup> year college student.</li> <li>(2) If you checked "Seminary III" or "Seminary IV" please explain in "Comments" whether the year checked is your vicarage year.</li> </ul>		
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.		