***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:       |
| 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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