

DUE AUGUST 15 TO EMMANUEL CHURCH OFFICE

Yearly Application for Student Aid for Post high school Undergraduate study
Emmanuel Lutheran Church
349 North Main Street
Seymour, WI 54165

E-mail – emmanuel.luth.seymour@gmail.com

Web site – www.seymourfaith.org

Phone – 920-833-2316

Name of Applicant: _____

Home address _____

Home Phone Number: _____ Cell Phone Number _____

Email: _____

College Attending: _____

College Address _____

Contact Address While in College _____

Present Year in College _____ Total Years Remaining _____

Expected year of Graduation from college: _____

Brief description of the program you are currently pursuing, including length, type of degree, etc.

Summary of your goals and future plans after completion of school program.

Preferred means of communication – email _____ OR cell phone _____

Where do you want your check sent? Home _____ OR School _____

It is **your responsibility** to notify church office or a Student Aid committee member of your second semester plans by December 31. You do not need to fill out application for second semester funds – simply notify by letter, email or phone call.

Signature of Preparer: _____ Date: _____

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