

# Colloquy / CE / Professional Development - Financial Aid Application

The Lutheran Church-Missouri Synod, Iowa District East

**Note:** Upon completion of Section I of this application, print, sign and give to your principal, pastor or supervisor to complete and then send to IDE Student Aid Chairman (Address Below).

## SECTION I: To be completed by applicant (Please PRINT).

Last Name: \_\_\_\_\_ First Name and Middle Initial: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Congregation (Name/City): \_\_\_\_\_

Name of institution class/course to be taken from \_\_\_\_\_

Name of class/course to be taken: \_\_\_\_\_

What date(s) will the class/course be taken? \_\_\_\_\_

Is this for Colloquy, CE or Professional Development? \_\_\_\_\_

What is your expected personal out of pocket cost for this class/course? \_\_\_\_\_

Briefly describe the reason for taking this class/course: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II: To be completed by your principal, pastor or supervisor (Please PRINT).

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School/Church/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to:** IDE Student Aid, Rev. David Lingard, PO BOX 414, Van Horne, IA, 52346-0414.