



*How then will they call on him in whom they have not believed?
And how are they to believe in him of whom they have never heard?
And how are they to hear without someone preaching?
And how are they to preach unless they are sent?
(Romans 10:14-15a)*

LWML Kansas District application for Student Financial Aid (SFA) is available for communicant members of Kansas District LCMS congregations enrolled in any LCMS synodical school to prepare for church work and advanced degrees in church work:

- Pastor
- Teacher
- Director of Christian Education
- Director of Christian Outreach
- Director of Parish Music
- Director of Family Life Ministry
- Parish Assistant
- Deaconess

Applications must be made annually. Please indicate if this is a new application or a renewal.

Please indicate the school year for which the application is being made. Also be sure to indicate the appropriate program of study as well as the synodical school.

The applicant's signature gives approval for the synodical school to release enrollment information to LWML Kansas District for consideration of the application.

The deadline of June 1 will be strictly enforced.



STUDENT FINANCIAL AID (SFA) APPLICATION FOR SYNODICAL SCHOOLS ONLY

Check one: New application Renewal

DEADLINE IS JUNE 1, 2025

School year 2025-2026: (circle one)

Freshman Sophomore Junior Senior Sem I Sem II Sem III Sem IV Internship Vicar

Name _____ Birthdate _____ Male Female
Last First MI

Home Address _____
Street address City State Zip

School Address (opt.) _____

Phone _____ Email address _____

Synodical School _____

Program of study: (circle one)

Pastor Lutheran School Teacher Deaconess Director of Christian Education

Director of Christian Outreach Director of Family Life Ministry Director of Parish Music

Will you be a full-time student? Yes No

Will you attend the entire year? Yes No

Home congregation _____ City _____

**** My signature below is my approval for the Synodical School above to release enrollment and program of study to LWML Kansas District for consideration of this application. ****

Applicant Signature _____

Date _____

Return to: **Julie Hatesohl, Gospel Outreach Committee**
225 Highland Pointe Drive
Manhattan, KS 66503
financialaid@kansaslwml.org

**** Submission of a thank you note to the Gospel Outreach Committee grants LWML Kansas District permission to publish it in various LWML Kansas District communications. ****