



# Pacific Southwest District

## Scholarship & Loan Repayment Application

### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Roster Classification (check one)	<input type="checkbox"/> Pastor <input type="checkbox"/> Teacher <input type="checkbox"/> DCE <input type="checkbox"/> DPM <input type="checkbox"/> DCO <input type="checkbox"/> DFM <input type="checkbox"/> Deaconess				
Are you the Child of a Church Worker:    Yes    No					

### EMPLOYER OR HOME CHURCH INFORMATION

Church/School		Phone	
Address		Supervisor	
Position			

### EDUCATION

College		Address	
From	To	Date of Graduation	Degree
College		Address	
From	To	Date of Graduation	Degree

### EDUCATION LOAN INDEBTEDNESS

Total Loan Amount	Type	Term of Loan (End Year)	Monthly Payment	Balance Owed
<i>Example: \$15,000</i>	<i>Stafford Loan</i>	<i>10 years (2029)</i>	<i>\$250</i>	<i>\$13,000</i>
			Sub Total (Balance Owed)	
Please attach the name and address of each lending institution.			Account # for Disbursal:	

### ADDITIONAL LOAN INFORMATION

Date Your Loans Enter Repayment
Has Your Lender Changed Since You Last Applied For This Grant    Yes    No

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
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Signature

Date

Please attach the following information on your loan when you apply: The most recent documentation of all outstanding Student Loans that includes:

- 1) Name of the borrower;
- 2) Loan amount;
- 3) Account number or social security number
- 4) The name and address of each lending institution.

MAIL, FAX or Email Completed form to:  
 Fax: 949-854-8140 - barbara.farley@psd-lcms.org  
 949-854-3232 ext 201

Barbara Farley - Pacific Southwest District  
 President's Office, Student Aid Program  
 1540 Concordia Drive East, Irvine, CA 92612-3203