OHIO MISSION REGION APPLICATION FOR FINANCIAL AID FOR MINISTERIAL EDUCATION

NAME:	Date of birth:	Phone:
Home Address:		E-mail:
Home Congregation:		-
School you are attending or plan	to attend:	·
College undergraduate study: W	here?	
What Major?		
Degree received?		
Are you in the NALC Candidacy p	rocess?	
Does your congregation or missi	on district provide financial aid?	
What is your financial need?		
What courses will you take this t	erm?	
Write briefly about your call to n	ninistry. Who has been your spi	
How do you plan to serve upon o	completion of your study?	

Are you geographically restricted or open to serve anywhere in the NALC?				
Date of application:				
Signature:				

Applications will be received until September 30 for the Fall Semester, and until January 30 for the Spring Semester. Submit this completed form to your mission district dean. If you have further questions about this form or financial aid, please discuss them with your dean.

