
**Application for Assistance in Retiring Education Debt
The Kansas District LCMS
Education Loan Repayment Committee**

This application will be used for the purpose of assisting the Kansas District LCMS Education Loan Repayment Committee in distributing funds set aside by the District for aiding rostered synodical graduates working within the District in retiring their education debt. This application is not a guarantee of funds to the applicant. Funds will be allocated at the discretion of the Kansas District LCMS Education Loan Repayment Committee. Application for any available funds must be made annually by **AUGUST 31** to the Education Loan Repayment Committee. It is the responsibility of the recipient of any funds to report as may be required by law to local, state, and federal taxing agencies. The contents of this application are for the sole use of the committee, and will not be made public, and will remain on file with the Educational Loan Repayment Committee.

Name _____ **Birth Date** _____

Home Address _____ **City** _____ **Zip** _____

Home Phone _____ **Last 4 digits of Soc Sec Number** _____

Email _____

Current position within the Kansas District (check one)

Pastor DCE Principal/Teacher Deaconess _____
circle

Church/School Employment History

| Congregation/School, Location | Position | Date of Service |
|--------------------------------------|-----------------|------------------------|
| | | |
| | | |
| | | |

Synodical and other Post-High School Institutions Attended

_____ **Dates** _____

_____ **Dates** _____

_____ **Dates** _____

_____ **Dates** _____

I. Education Loan Indebtedness – Please enter information for ALL Education Loans.

| Total Loan Amount | Type | Monthly Payment | Balance Owed |
|--------------------------|---------------|------------------------|---------------------|
| Example: \$5,000 | Stafford Loan | \$100 | \$4,500 |

Sub Total Part I (Balance Owed) \$

II. Other Educational Debt Incurred to be Considered by the Committee:

| Total Amount | Description | Monthly Payment | Balance Owed |
|---------------------|----------------------------|------------------------|---------------------|
| Example: \$2,250 | Credit Card/Purchase Books | \$50 | \$1,900 |

Sub Total Part II (Balance Owed) \$

III. TOTAL EDUCATION DEBT (PART I & II BALANCE OWED) \$

IV. Optional Information/Notes (i.e. explanation for higher loan balance than previous year, inability to make payments, etc. to be considered by Committee.)

To the best of my knowledge, the above statements are accurate and true. I pledge to apply assistance received from the Kansas District Educational Loan Repayment Committee to the retirement of my educational debt.

Signature of Applicant

Date