

# Application for Student Loan Repayment Program

Southeastern District, LCMS

EMAIL Completed Application to:

[sheetland@se.lcms.org](mailto:sheetland@se.lcms.org)

Attn: Student Loan Repayment

## DEADLINE FOR APPLICATIONS: NOVEMBER 1, 2021

This application will be used for the purpose of assisting the Southeastern District Student Loan Repayment Committee in distributing funds set aside by the District for aiding synodical graduates working within SED repaying their education loans. This application is not a guarantee of funds to the applicant. Funds will be allocated at the discretion of the Committee. Application for any available funds must be made annually by **November 1, 2021**. 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; the application will remain on file adhering to standard record retention policy.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

### Current position within the Southeastern District (check one)

Pastor  DCE  Principal/Teacher  Deaconess  Other \_\_\_\_\_

### Family Status

\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ # of Dependent Children \_\_\_\_\_ Ages of Dependent Children

### Church/School Employment History:

Congregation/School, City ST	Position	Dates of Service
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Synodical and other Post-High School Institutions Attended (begin with the most recent)**

Institution	Dates	Degree/Certification
Institution	Dates	Degree/Certification
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**I. Education Loan Indebtedness – Please enter information ONLY for LCMS-related Education Loans and attach loan statements. Education debt through completion of a Master’s degree or its equivalent will be considered.**

Total Original Loan/Type	Yr Expenses Incurred	Monthly Payment	Balance Owed	Interest %
Example: \$5,000/Stafford	2018	\$100	\$3,500	8%

**Sub Total Part I (Balance Owed):**                    \$ \_\_\_\_\_

**II. Other Education Debt Incurred – Please enter information ONLY for LCMS-related Education Loans and attach loan statements. Education debt through completion of a Master’s degree or its equivalent will be considered.**

Total Original Loan	Description	Yr Expenses Incurred	Monthly Payment	Balance Owed	Interest %
Example: \$2,250	Credit Card/Books	2019	\$50	\$1,900	12%

**Sub Total Part II (Balance Owed):**                    \$ \_\_\_\_\_

**III. TOTAL EDUCATION DEBT (PART I & II BALANCE OWED - \$3,000 OR OVER):**      \$ \_\_\_\_\_

**IV. TOTAL AMOUNT PAID BY YOU in the last 12 months towards your education debt** \$ \_\_\_\_\_

**\*NOTE\***: Funds will be allocated by the committee with strong consideration given to those who faithfully continue to strive to make monthly payments.

**V. Congregational Support/District Matching – to be completed and signed by the Congregational President/School Administrator.**

Our LCMS congregation/school has agreed to provide this applicant with funding to support the repayment of LCMS-related education loans. This payment is in addition to our regular Mission and Partnership Support (MPS) to SED. Should the applicant receive an award with this program, the District will provide up to an additional \$500 in matching funds to be applied toward the applicant’s education loans. Once awards have been determined, our congregation/school agrees to send the contribution amount below to SED to be used for this purpose.

**Name of LCMS-SED Congregation:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Amount our congregation will provide toward applicant’s education loans:** \$ \_\_\_\_\_

**Name of Authorized Representative for the congregation/school:** \_\_\_\_\_

**Title of Authorized Representative for the congregation/school:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Date** \_\_\_\_\_

**VI. Commitment to obtaining financial education**

By signing this application, I agree to engage in my personal financial education through resources such as:

- The Broom Tree Fellows Program, Loan Forgiveness Grant; [www.broomtreefellows.com](http://www.broomtreefellows.com)
- Concordia Plan Services (CPS) Vault Advisor Student Debt Assistance Program: sign into your CPS member account at: [www.concordiaplans.org](http://www.concordiaplans.org), click on the Financial Planning & Retirement tab, and then the Financial Wellness link to the right or contact CPS directly at [info@ConcordiaPlans.org](mailto:info@ConcordiaPlans.org)
- Dave Ramsey’s *Financial Peace University* class or book, paired with the LCMS Companion Guide, *Preview and Review of Financial Peace University*: <https://www.lcms.org/how-we-serve/national/stewardship-ministry>, go to Financial Peace U, then click on “Read FPU, preview, review” to download

- Lutheran Federal Credit Union, Rostered Church Worker Loan Program:  
[www.lutheranfcu.org/loans/rostered-church-worker-rcw-loans-2/](http://www.lutheranfcu.org/loans/rostered-church-worker-rcw-loans-2/)
- Thrivent Education Refinance Loan:  
<https://www.thriventcu.com/explore/pay-for-college/refinance-a-student-loan/>

**VII. Additional Information:** The Student Loan Repayment Program aims to enable Southeastern District workers to be more effective by addressing financial problems that undermine and distract the worker and family. Please use the space below to provide a descriptive, specific narrative to explain your current need in that area and how a grant from the Program would benefit you and your family. Please include an explanation for a higher balance than previous years, inability to make payments, special needs, and other information to assist the Committee in the decision-making process such as education loans held by your spouse.

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**VIII. Applicant Signature:**

**To the best of my knowledge, the above statements are accurate and true. I pledge to engage in at least one of the above means of personal financial education and to dedicate resources to the retirement of my education debt.**

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**Signature of Applicant**

**Date**