

IOWA EAST DISTRICT LWML STUDENT FINANCIAL AID APPLICATION

SECTION 1: To be completed by the STUDENT:

NAME: _____ Date of Birth: _____
Last Name First Name Middle Initial

Home Phone Number (____) _____ E-Mail Address _____

Cell Phone Number (____) _____

Permanent Home Address _____
Address City State Zip

Temporary School Address _____
Address City State Zip

Do you intend to enter full-time church work? ____ Yes ____ No Period when you will use aid: _____

Major course of study: _____ ____/____/____ to ____/____/____

Home District: _____ Home Congregation: _____ Pastor's Name: _____

Signature: _____

*The Financial Aid Officer has my permission to share with the Iowa East District LWML Student Aid Committee and need analysis information contained on a FAF or GAPS FAS.

SECTION 2: To be completed by the COLLEGE

Name and address of the College _____ Period of IED LWML Aid
_____ from ____/____/____ to ____/____/____
_____ (mm) (dd) (yyyy) (mm) (dd) (yyyy)

Student Grade Level: _____ Program of Study: _____

I hereby certify that the student named in Section 1 is accepted for enrollment or is enrolled and in good standing and is making satisfactory progress.

Signature of Financial Aid Officer: _____

Print or Type Name: _____ Date: _____

SECTION 3: To be completed by the IOWA EAST DISTRICT LWML

Amount of Iowa East District LWML aid approved: \$ _____

Signature of Iowa East District LWML Officer

Date

Please mail applications to Vice President of Gospel Outreach, Elizabeth Gehle, 4600 Grand Ave Unit C10, Davenport, IA 52807