

HENRY SCHAEFER STUDENT PASTOR/TEACHER FUND

OUR REDEEMER LUTHERAN CHURCH

10025 West North Avenue

(414) 258-4555

1. **APPLICANT: (Please type)** Date: _____

Name _____
Last First Middle

Current Address: _____
No/Street City, State Zip Phone #

School Address: _____
No/Street City, State Zip Phone #

Birthplace: _____ Birthdate: _____ Sex: _____

Marital Status: _____ Social Security #: _____

College/Seminary: _____

Member of Our Redeemer Lutheran Church since: _____

Name of closest Our Redeemer member in your family: _____

2. **FAMILY BACKGROUND**

Spouse: _____
First Name Middle Last or Maiden Name

Dependent Children:

First Name Birthdate First Name Birthdate

First Name Birthdate First Name Birthdate

First Name Birthdate First Name Birthdate

Father: _____ Mother: _____

Address: _____ Address: _____

Employed at: _____ Employed at: _____

Occupation: _____ Occupation: _____

3. Academic Background

<u>Elementary School Name</u>	<u>Secondary School Name</u>	<u>Name of College</u>
_____	_____	_____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Emphases: _____	Emphases: _____	Emphases: _____
_____	_____	_____
_____	_____	_____
Dates Attended: _____	Dates Attended: _____	Dates Attended: _____
_____	_____	_____
		Degrees: _____

4. Service & Experience Record

Other Significant Occupational Experience:

Employer:	Dates of Employment
_____	_____
_____	_____
_____	_____

Synodical/District/Community Service:

5. Financial Background

Present Employment: _____

Spouse's Employment: _____

Do you own a home? Do you own income-producing investments? Any other assets?
If so, please list:

Combined income last year: _____

Anticipated combined income this year: _____

Please list your current indebtedness: _____

Short-term (credit cards, etc.) _____

Long-term (home mortgage, car payments, student loans, etc.) _____

Do you own any motor vehicles? (please list years and types): _____

Are you financially independent? Yes _____ No _____

If you are not, please list last year's gross income earned by your:

Father/Stepfather/Male Guardian \$ _____

Mother/Stepmother/Female Guardian \$ _____

Total: \$ _____

Is financial support available from any other source? (i.e. relatives, savings, other financial aid sources, student owned income, etc):

Please indicate the circumstances that influenced your need for financial assistance.

Previous financial aid obtained for college purposes:

Sources: _____

Amounts: _____

Amount of financial aid being requested: _____
