

Signature of Applicant

CONCORDIA SUPPLEMENTAL CHURCH PROFESSIONAL AWARD (CSCPA) APPLICATION

INSTRUCTIONS: This form must be newly submitted before the beginning of every semester. Employment and congregational membership verifications will be requested by the Office of Financial Aid once per academic year. This form must be signed and dated in ink. It can then be mailed, faxed or scanned and emailed. This application is for: ☐ Summer Term ☐ Fall Semester ☐ Spring Semester Year: ____ I. APPLICANT INFORMATION Name: Banner ID (H#): Phone: Email: Degree Sought: Program: Congregation Membership: City: State: Employer: City: State: Position: Synod: II. CSCPA ELIGIBILITY REQUIREMENTS ☐ I am a fully admitted student to Concordia University Chicago (CUC) in a post-undergraduate program. (required) I am working full time (30+ hours per week) in a congregation, educational institution, Recognized Service Organization or entity officially connected with the LCMS. (required) III. ANTICIPATED FINANCIAL ASSISTANCE (For Enrolled Semester) Educational Fee Grant Certificate* Congregation District Other Assistance *Do not include the value of the CSCPA on this line. Note the value of any Educational Fee Grant Certificate received by Concordia for supervising a student teacher on this line. IV. CERTIFICATION I do hereby affirm that all of the above information is correct and that I meet the requirements for the CSCPA program as listed

Please be advised that the CSCPA Award is not in conjunction with any other discount(s).

understand this application must be submitted prior to the first day of class each semester.

Please return the completed form to:
Concordia University Chicago
Office of Financial Aid
7400 Augusta Street River Forest, IL 60305
Or fax to: 708-488-4102
Or email to: Financial.Aid@CUChicago.edu

above. I understand my CSCPA may be adjusted at a later date should I receive additional assistance not reported in Section III. I

Date