

## CONCORDIA SUPPLEMENTAL CHURCH PROFESSIONAL AWARD (CSCPA) <u>APPLICATION</u>

INSTRUCTIONS: Please type or print a new application for each term that you seek an award.

This application is for:   Summer Term  Fall S	Semester
I. APPLICANT INFORMATION	
Name:	Banner ID:
Home Phone:	Work Phone:
Degree Sought:	Program:
Employer:	City: State:
Position:	Synod:
Doctoral Program at Concordia University, Riv	an Church Professional who is enrolled in a Graduate or ver Forest.  cordia University and currently serving a Lutheran Churchasis.  d Semester)
*Do not include the value of the CSCPA on this line. Note to by Concordia for supervising a student teacher on this line.  IV. CERTIFICATION  I do hereby affirm that all of the above information is correct as listed above. I understand I am to contact the Business information change. I understand my CSCPA may be adjust not reported in Section III.	ct and that I meet the requirements for the CSCPA program Services Office immediately should any of the above sted at a later date should I receive additional assistance
Signature of Applicant	
Please be advised that the CSCPA Award is not in conjunction wi	ith any other discount(s).

Please return this application (prior to the first day of class) to:

Concordia University – Chicago Attn: Office of Student Financial Planning 7400 Augusta Street River Forest, IL 60305