

**MARTIN LUTHER COLLEGE
FINANCIAL AID APPLICATION
2011-2012**

The **DEADLINE** to apply for MLC need-based grants is **APRIL 15, 2011**. If applying for semester 2 the deadline is **NOVEMBER 1, 2011**.

Most types of financial aid including MLC institutional grants, distance grants, and certain loans are awarded on the basis of need.

A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MUST BE COMPLETED TO BE CONSIDERED. The FAFSA must also be submitted by the deadlines noted above. These deadlines do not apply to Federal Pell Grants and loans or state grants.

NON-MLC GRANTS and SCHOLARSHIPS

Students frequently receive grants and scholarships from outside agencies, businesses, or congregations. At any time that you can send documentation to the financial aid office from the provider of the grant stating how much you will receive and when it will be sent to the college, your award will be added to your financial aid which will reduce the amount owed on your student bill.

RETURN this application to:
Financial Aid Office
Martin Luther College
1995 Luther Court
New Ulm, MN 56073
Fax 507-354-8225

Name: _____
Last First M.I.

Street Address City State Zip

E-mail Address: _____

Social Security Number: _____

Home Telephone Number: _____

Parent Cell Phone Number: _____

Student Cell Phone Number: _____

Birthdate ____ / ____ / ____

Parents' Names:

Father's Name

Mother's Name

Street Address City State Zip

E-mail Address: _____

Tax status:

Is your father a minister of the gospel: () pastor? () teacher? () staff minister?

MISSION STATEMENT OF MARTIN LUTHER COLLEGE

Martin Luther College exists to serve the ministerial needs of the Wisconsin Ev. Lutheran Synod (WELS)

- by preparing men for pastoral training at Wisconsin Lutheran Seminary and
- by preparing men and women for service as teachers and staff ministers in the Synod's churches and schools so that the WELS may be served by candidates both qualified and competent to proclaim the Word of God faithfully and in accord with the Lutheran Confessions in the Book of Concord.

Statement of Intent

I understand the mission of Martin Luther College and ask to be considered for institutional grants for which I may be eligible as one who intends to give serious and prayerful consideration to serving as a called worker in the WELS.

STUDENT CLASSIFICATION

Please check one of the following

NEW MLC STUDENT

- () 2011 high school graduate
- () other high school graduate
- () transfer student

() **CURRENT MLC STUDENT**

() **FORMER MLC STUDENT**

If you have attended another college(s) complete below

College	Date
_____	_____
_____	_____

Signature of Student

Parents or independent students: The Free Application for Federal Student Aid (FAFSA) does not allow for special family financial circumstances and expenses. We have noted some items we may use to make adjustments. In item 3 below or on another sheet of paper tell us about prolonged unemployment or disability. Please itemize and include dollar figures. In some instances we may ask that you complete a special form.

- List family members for whom you **will pay** elementary or high school tuition in **2011-2012** using **2010-2011 rates**. **If elementary school tuition is in excess of \$1300, attach supporting documentation. Sign below if you will be making tuition payments.**

Name	School	Grade level for 2011-2012	2010-2011 Tuition and Fees (less any tuition assistance)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- Medical expenses including health insurance premiums that you paid in **calendar year 2010 not covered by insurance and not paid as part of a flexible spending account/cafeteria plan or health savings account. Describe and provide your signature below if applicable.** Attach a copy of schedule A of your tax return or copies of canceled checks. As a guideline to whether it pays to provide information, for a family of four it takes at least \$3000 in medical expenses paid to provide eligibility for additional financial aid.

\$ _____
\$ _____
Total Medical \$ _____

- List and describe other special circumstances. Give dollar amounts and dates. **Sign below if applicable.**

Parent or Independent Student Signature _____ Date _____

STUDENTS WHO MAY BE ELIGIBLE FOR MINNESOTA STATE GRANT COMPLETE AND SIGN

- If you graduated from a Minnesota high school, please provide the name and the city and state of your high school and the year in which you received your high school diploma. _____
- If you graduated from a Minnesota high school, please provide the address at which you resided when you received your diploma. _____
- If your parents resided in Minnesota when you completed your FAFSA, please provide your parents' address. _____

Student's signature _____ Date _____