# MARTIN LUTHER COLLEGE FINANCIAL AID APPLICATION 2012–2013

The **DEADLINE** to apply for MLC need-based grants is **APRIL 15, 2012**. If applying for semester 2 the deadline is **NOVEMBER 1, 2012**.

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?

## STUDENT CLASSIFICATION

Please check one of the following

NEW MLC STUDENT
- ( ) 2012 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 |
|---|---|
| _____ | _____ |
| _____ | _____ |

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.

_____
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.

1. List family members for whom you **will pay** elementary or high school tuition in **2012-2013** using **2011-2012 rates**. **If elementary school tuition is in excess of $1400, attach supporting documentation. Sign below if you will be making tuition payments.**

| Name | School | Elementary or high school Grade level for 2012-2013 | 2011-2012 Tuitition and Fees (less any tuition assistance) |
|---|---|---|---|
| _____ | _____ | _____ | $ _____ |
| _____ | _____ | _____ | $ _____ |
| _____ | _____ | _____ | $ _____ |
| _____ | _____ | _____ | $ _____ |

2. Medical expenses including health insurance premiums that you paid in **calendar year 2011 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 from a professionally prepared tax return. As a guideline to whether it pays to provide information, for a family of four it takes at least $4000 in medical expenses paid to provide eligibility for additional financial aid.

$ _____

$ _____

Total Medical $ _____

3. 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 _____