

PROFESSIONAL MINISTRY GIFT APPLICATION*

Mount Olive Lutheran Church
5327 West Washington Boulevard
Milwaukee, WI 53208-1798

Name _____ Date of Application _____

Address _____

Phone _____ Date of Birth _____

Name of Parent or Guardian _____

Address _____ Phone _____

Education of Applicant:

<u>School</u>	<u>Address</u>	<u>Grade com- pleted/year</u>	<u>Cumulative GPA</u>
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1. Name of institution you will attend (include address):

2. Field of work for which you will prepare (circle one):

pastor teacher DCE deaconess lay minister

3. Grade level you will enter (circle one):

freshman sophomore junior senior

4. Starting and ending dates for each semester:

Semester I	Semester II
Starting date _____	Starting date _____
Ending date _____	Ending date _____

PLEASE NOTE: APPLICATION MUST BE MADE ANNUALLY.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND IS INTENDED
FOR USE BY THE BOARD OF PARISH EDUCATION OF MOUNT OLIVE
LUTHERAN CHURCH AND/OR AUTHORIZED PERSONNEL ONLY.

I UNDERSTAND THAT THIS GIFT IS TO BE USED TO HELP DEFRAY MY EDUCATIONAL EXPENSES.

(Signature of Applicant)

(Date)

*If the number of applicants exceeds six, you may be asked to complete an additional financial resource form.

Application with grade report from previous semester must be received by July 1 for fall semester and January 10 for spring semester.