

**RETURN TO:****2009 - 2010**

Financial Aid Office  
 Concordia University  
 1530 Concordia West  
 Irvine, CA 92612-3299  
 (949) 854-8002, ext. 1121  
 FAX: (949) 854-6709

Name of Post-Baccalaureate Church Career Grant applicant (Please Print):		
_____	_____	_____
Last	First	Middle
Student ID Number: E		

**2009 – 2010 Post-Baccalaureate Church Career Grant Application  
 Teacher Credential; DCE/DPM 5<sup>th</sup> Year or Internship**

In order to encourage students to prepare or continue serving full time in a church profession, Concordia University has established the Post Baccalaureate Church Career Grant. In order to receive this grant, students must be a member of an LCMS congregation with the intent to serve or continue serving as a full time church worker and enrolled in one of the below listed programs. Additional requirements for Teacher Credential, MEd and DCE/DPM programs:

- Teacher Credential or MEd program , students must be a CUI graduate, must complete Lutheran Teacher Certification and teach in a Lutheran School upon completion of the program
- DCE/DPM - 5th Year or Internship, students must complete DCE/DPM certification requirements and intend on serving in the DCE/DPM Ministry

 - **First Time Applicant**
 - **Returning Applicant**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Sate \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

\_\_\_\_\_  
 Name and location of LCMS school/congregation where you are presently serving

\_\_\_\_\_  
 Name and location of LCMS congregation where you hold communicant membership Pastor Name \_\_\_\_\_

CUI Graduate: No \_\_\_ Yes \_\_\_ Year \_\_\_\_\_

Program accepted to:  DCE/DPM 5<sup>th</sup> Year  DCE/DPM Internship  MA Edu Online  
 CA Credential Program  Master of Education (MEd)  
 MA Theology

**With this application, I solemnly state that it is my sincere intent to enter full-time service or continue serving in an LCMS church or school after completion of my program at Concordia.**

\_\_\_\_\_  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

(FOR OFFICE USE ONLY)

\_\_\_\_\_  
 Dean, School of Education \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Dean, Christ College \_\_\_\_\_ Date \_\_\_\_\_