



**RETURN TO:**

Concordia University Irvine  
Attn: Financial Aid Office  
1530 Concordia West  
Irvine, CA 92612

Fax: (949) 214-3500  
finaid@cui.edu

Name of Financial Aid Applicant (please print):		
Last _____	First _____	Middle _____
Student ID (returning students only): E_____		

**HOME CONGREGATION GRANT FORM**

Concordia University Irvine continues to support students through our Financial Aid programs. We encourage congregations to assist those students that choose to attend Concordia University Irvine with a financial commitment.

**NOTE TO CONGREGATION:**

- We are aware that many congregations operate on a July 1 to June 30 fiscal year. If the congregation cannot meet the student's tuition payment deadline, the student is responsible and must contact the Bursar's Office.
- Please indicate the student's name and award (Home Congregation) on the check

**STUDENT (Complete this section):**

New/Transfer       Returning/Readmit       Credential/ABSN/Graduate/OBD

I understand that if payment from my congregation is not received by the tuition payment deadline, I am responsible for contacting the Bursar and follow-up with my congregation, and that the outstanding balance to Concordia will not reflect these funds from my Home Congregation until they are received.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**HOME CONGREGATION (Complete this section):**

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church City, State, Zip: \_\_\_\_\_

Church Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Grant (if different from church): \_\_\_\_\_

Amount of Grant for the 2026 – 2027 academic year: \$ \_\_\_\_\_ (If unknown, please complete next line)

**OR**  The congregation will not be able to offer an amount until \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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