



CHRIST COLLEGE

CONCORDIA UNIVERSITY IRVINE

2025- 2026

Name of Church Career Scholarship applicant (Please Print):		
_____	_____	_____
Last	First	Middle
Student ID Number: E_____		

RETURN TO:

Carrie Donohoe
Concordia University
1530 Concordia West
Irvine, CA 92612-3299
(949) 214-3389

**2025 – 2026 Church Career Scholarship Application
Teacher Credential, DCE/DPM Program, or DCE Internship**

In order to encourage students to prepare or continue serving full time in a church profession, Concordia University has established the Church Career Scholarship. In order to receive this scholarship, 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 and DCE/DPM programs:

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

- **First Time Applicant**

- **Returning Applicant**

_____	_____	_____
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 ___

Program accepted to: DCE/DPM DCE/DPM Internship CA Credential Program

How many units will you take for the following semesters: Summer___ Fall___ Spring___
(Changes to these numbers will result in changes to your financial aid, Please notify Financial Aid of any changes to your enrollment)

Will you apply for a Federal Direct Stafford Loan by filling out a FAFSA (www.fafsa.ed.gov)? No Yes

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)

_____	_____
Christ College Program Coordinator	Date

_____	_____
Director, Ministerial Formation	Date