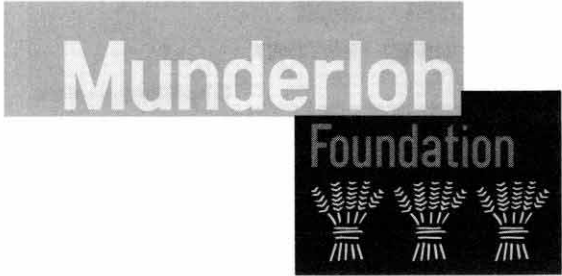


Application for Grant

Munderloh Foundation
170 McMillan Road
Grosse Pointe Farms, Michigan 48236



GENERAL INFORMATION

Application for Grant Beginning: _____ Date: _____

- New Application (first time application) Reapplication (no prior grant) Reapplication (prior Munderloh recipient)

Seminary _____ City _____ State _____ Trustee _____

Program of Study: Master of Divinity Colloquy Other

If in the Master of Divinity program, what will your classification be?

- Seminary I Seminary 2 Internship/Vicarrage Seminary 4

If you will be on internship during the academic year, which quarters?

- Fall Winter Spring

Indicate which areas you have a strong interest in:

- Parish Ministry Foreign Missions Teaching Military Chaplaincy

If other, specify _____

Expected date of graduation: month _____ year _____

PERSONAL DATA

Last Name: _____ First: _____ Middle Initial: _____

Home Telephone: _____ Home e-mail: _____ Summer Telephone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

School Address: _____ School e-mail: _____

City: _____ State: _____ Zip: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth Date: _____

- Single Married Male Female

Dependents: Spouse: _____ Age: _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Spouse's Occupation: _____

I am a member of the: ELCA LCMS Other

Home District or Synod: _____

If other, your denomination: _____

Home Congregation Name: _____ Pastor: _____

Address: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT HISTORY

Employer	City/State	Dates	Position	Full/Part-Time	Rate of Pay

EDUCATIONAL HISTORY

Name of undergraduate and graduate/professional institutions attended:

Name	City/State	Month/Year to Month/Year	Degree

Extra-curricular activities and interests (church, school, social, sports)

STUDENT'S ASSETS AND LIABILITIES

	Current Market Value	What is Owed
Cash, Savings and Checking Accounts:	\$ _____	
Stocks and Bonds:	\$ _____	
Other Investments (Describe): _____	\$ _____	
	\$ _____	
Home:	\$ _____	\$ _____
Other Real Estate:	\$ _____	\$ _____
Car: Make: _____ Year: _____	\$ _____	\$ _____
Other Assets/Liabilities (Describe): _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	Assets	Liabilities
Totals:	\$ _____	\$ _____

STUDENT'S FINANCIAL AID HISTORY

Undergraduate Financial Aid

	Year	Grants	Loans
Freshman	_____	\$ _____	\$ _____
Sophomore	_____	\$ _____	\$ _____
Junior	_____	\$ _____	\$ _____
Senior	_____	\$ _____	\$ _____
Total	_____	\$ _____	\$ _____

Graduate Financial Aid

	Year	Grants	Loans
First	_____	\$ _____	\$ _____
Second	_____	\$ _____	\$ _____
Third	_____	\$ _____	\$ _____
Fourth	_____	\$ _____	\$ _____
Total	_____	\$ _____	\$ _____

INCOME

If working during the school year, how many hours per week: _____ Anticipated pay: _____

If not working, explain why: _____

	Actual for Current Year	Estimate for Period of this Application
1. Summer earnings	\$ _____	\$ _____
2. Student's anticipated earnings during academic year	\$ _____	\$ _____
3. Anticipated take-home pay of spouse	\$ _____	\$ _____
4. Assistance from parents, relatives, friends and organizations other than church (identify) _____	\$ _____	\$ _____
5. Assistance from local church and church-related organizations (Identify) _____	\$ _____	\$ _____
6. District/Synod (identify) _____	\$ _____	\$ _____
7. Other grants and scholarships (from page 4, item IV)	\$ _____	\$ _____
8. Confirmed loans (identify) _____	\$ _____	\$ _____
9. Veteran's benefits	\$ _____	\$ _____
10. Other income (identify) _____	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

EXPENSES

	Actual for Current Year	Estimate for Period of this Application
1. Tuition and fees	\$ _____	\$ _____
2. Rent	\$ _____	\$ _____
3. Utilities	\$ _____	\$ _____
4. Food	\$ _____	\$ _____
5. Books and supplies	\$ _____	\$ _____
6. Clothing, laundry and cleaning	\$ _____	\$ _____
7. Contributions to church and charities	\$ _____	\$ _____
8. Transportation		
a. Automobile total	\$ _____	\$ _____
b. Other (give details on page 4)		
Total Transportation	\$ _____	\$ _____
9. Health insurance	\$ _____	\$ _____
10. Life insurance	\$ _____	\$ _____
11. Medical and dental (not covered by insurance)	\$ _____	\$ _____
12. Other insurance payments (not automobile—specify)	\$ _____	\$ _____
13. Recreation	\$ _____	\$ _____
14. Child care (specify)	\$ _____	\$ _____
15. Debt payments	\$ _____	\$ _____
16. Other expenses (specify—use additional space provided on page 4)	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

I. List debts for which you are currently making payments (Item 15, above):

Name and Purpose	Amount Owed	Date Contracted	Monthly Payments	Date Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

