

Mail Application to:
Florida-Georgia District – LCMS
5850 T.G. Lee Boulevard
Suite 500
Orlando, FL
Attn: Student Loan Repayment
Program

**Application for Student Loan
Repayment Program
Florida-Georgia District,
LCMS**

EMAIL Completed Application to:
lzirbel@flgadistrict.org

Attn: Student Loan Repayment Program

DEADLINE FOR APPLICATIONS: NOVEMBER 26, 2024

This application will be used for the purpose of assisting the Florida-Georgia District Loan Repayment Committee in distributing funds set aside by the District for aiding Synodical graduates (rostered) currently working within the FLGA District to assist in paying their student loans. This application is not a guarantee of funds to the applicant. Funds will be allocated at the discretion of the Committee. Application for any available funds must be made by **November 26, 2024**. It is the responsibility of the recipient of any funds to report as may be required by law to local, state, and federal taxing agencies. The contents of this application are for the sole use of the committee and will not be made public; the application will remain on file adhering to standard record retention policy.

Name _____ **Date of Birth** _____

Home Address _____ **City** _____ **ST** _____ **Zip** _____

Primary Phone _____

Email _____

Current position within the Florida-Georgia District (check one)

- Pastor DCE Principal/Teacher Deaconess Other _____

Family Status

_____ Married _____ Single _____ # of Dependent Children _____ Ages of Dependent Children

Church/School Employment History:

Congregation/School, City ST	Position	Dates of Service

Synodical and other Post-High School Institutions Attended (begin with the most recent)

Institution	Dates	Degree/Certification
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I. Education Loan Indebtedness – Please enter information ONLY for LCMS-related Education Loans and be sure to attach loan statements.

Total Original Loan/Type	Yr Expenses Incurred	Monthly Payment	Balance Owed	Interest %
Example: \$5,000/Stafford	2014	\$100	\$3,500	8%

Sub Total Part I (Balance Owed) \$ _____

II. Other Education Debt Incurred – LCMS-related – to be Considered by the Committee. Please attach documentation.

Total Original Loan	Description	Yr Expenses Incurred	Monthly Payment	Balance Owed	Interest %
Example: \$2,250	Credit Card/Books	2023	\$50	\$1,900	12%

Sub Total Part II (Balance Owed) \$ _____

III. TOTAL EDUCATION DEBT (PART I & II BALANCE OWED - \$4,000 OR OVER) \$ _____

IV. TOTAL AMOUNT PAID BY YOU in the last 12 months towards your education debt \$ _____

If awarded funds, please list payment information for the loan institution:

Loan institution name: _____

Mailing payment address: _____

Loan or Account number: _____

****NOTE* Funds will be allocated by the committee with strong consideration given to those who faithfully continue to strive to make monthly payments.***

V. Commitment to obtaining financial education

By signing this application, I agree to engage in my personal financial education through resources such as:

- Concordia Plan Services (CPS) Vault Advisor Student Debt Assistance Program: sign into your CPS member account at: www.concordiaplans.org, click on the Financial Planning & Retirement tab, and then the Financial Wellness link to the right or contact CPS directly at info@ConcordiaPlans.org
- Dave Ramsey's *Financial Peace University* class or book, paired with the LCMS Companion Guide, *Preview and Review of Financial Peace University*: <https://www.lcms.org/how-we-serve/national/stewardship-ministry>, go to Financial Peace U, then click on "Read FPU, preview, review" to download
- Lutheran Federal Credit Union, Rostered Church Worker Loan Program: www.lutheranfcu.org/loans/rostered-church-worker-rcw-loans-2/
- Thrivent Education Refinance Loan: <https://www.thrivencu.com/explore/pay-for-college/refinance-a-student-loan/>

Signature of Applicant

VI. Additional Information: The Student Loan Repayment Program aims to enable Florida-Georgia District workers to be more effective by addressing financial problems that undermine and distract the worker and family. Please use the space below to provide a descriptive, specific narrative to explain your current need in that area and how a grant from the Program would benefit you and your family. Please include an explanation for a higher balance than previous years, inability to make payments, special needs, and other information to assist the Committee in the decision-making process.

VII. Applicant Signature:

To the best of my knowledge, the above statements are accurate and true. I pledge to engage in at least one of the above means of personal financial education and to dedicate resources to the retirement of my education debt.

Signature of Applicant

Date