

RETURN TO:  
Financial Aid Office  
Concordia University  
1530 Concordia West  
Irvine, CA 92612-3299  
(949) 854-8002, Ext. 1136  
Fax: (949) 854-6709  
www.cui.edu

**2008-2009**

Name of Financial Aid Applicant (please print):

\_\_\_\_\_  
Last First Middle

Student ID (returning students only): E \_\_\_\_\_

### HOME CONGREGATION GRANT PROGRAM– New Students Only

Concordia University 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. This completed form must be returned to the financial aid office by August 1, 2008.

**NOTE TO CONGREGATIONS:** Concordia University is no longer participating in the matching grant program due to the overall increase in institutional funding.

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STUDENT (Complete this section):

New/Transfer

Credential/CUA/Graduate (not matched)

I understand that if payment from my congregation is not received by the tuition payment deadline, I am responsible to contact Student Accounts and to follow-up with my congregation.

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

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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 2008 – 2009 academic year: \$ \_\_\_\_\_ (If unknown, please complete next line)

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

We are aware that many congregations operate on July 1 – June 30 fiscal years. If your congregation cannot meet the above deadline, please send a letter of explanation to the Financial Aid Office before the deadline listed. Special situations will be considered on a case by case basis.

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

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

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**Please indicate the student's name and award (Home Congregation) on the check**

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