

St. John's College Alumni Association, Inc.
Winfield, KS

APPLICATION FOR STUDENT FINANCIAL AID FOR 2026-2027

To ALL Applicants: Please type or print to complete this application. Sign your name and enter the date on page 3. Make a copy of the application for your files. Return the completed application by mail postmarked on or before **April 1, 2026**; or by email dated on or before **April 1, 2026**.

St. John's College Alumni Association
PO Box 376
Winfield, KS 67156-0376

Email: sjcaa1@cox.net

A. To be completed by ALL applicants:

Name:		Age:
Address:		
City:	State:	Zip:
Phone:	Social Security: ***-**-****	
Email:		

Marital Status: ☐ Single ☐ Engaged ☐ Married

Gender: ☐ Male ☐ Female

B. To be completed by DEPENDENT applicants only:

Parents Name:		
Address:		
City:	State:	Zip:

C. To be completed by ALL applicants.

With this application, I am applying as a ☐ **First Time** or ☐ **Renewal** applicant to the St. John's College Alumni Association for student financial assistance.

D. To be completed by ALL applicants. Check and complete all that apply.

<input type="checkbox"/>	I am a (check all that apply and give name of alumnus) <input type="checkbox"/> son, <input type="checkbox"/> daughter, <input type="checkbox"/> grandson, <input type="checkbox"/> granddaughter, <input type="checkbox"/> great-grandson, or <input type="checkbox"/> great-granddaughter of (please give maiden name if applicable)	
	...who was a student or faculty member at SJA or SJC from	to

E. To be completed by ALL applicants.

I plan to enroll at:

Name of School

City & State

I plan to enroll as a **full-time** student (12 or more semester hours; 9 or more quarter hours) for the

<input type="checkbox"/> fall	<input type="checkbox"/> spring	semester or ;
<input type="checkbox"/> fall	<input type="checkbox"/> winter	<input type="checkbox"/> spring quarter

The **program of study** (nursing, elementary education, pastoral ministry, accounting, etc.) for which I will register is:

I am enrolling in this program of study because I intend to prepare for full-time professional church service in The Lutheran Church-Missouri Synod as a (**check one**):

<input type="checkbox"/> Deaconess	<input type="checkbox"/> Lay Minister
<input type="checkbox"/> Director of Education (DCE)	<input type="checkbox"/> Parish Assistant
<input type="checkbox"/> Director of Christian Outreach (DCO)	<input type="checkbox"/> Pastoral Ministry
<input type="checkbox"/> Director of Family Life (DFL)	<input type="checkbox"/> Teacher (elementary or secondary)
<input type="checkbox"/> Director of Parish Music (DPM)	<input type="checkbox"/> Other (explain in Comments section)

F. To be completed by ALL applicants.

My educational classification in 2026-27 will be:

☐ **College/University (1)** ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ 5th Year

☐ **Seminary (2)** ☐ Seminary I ☐ Seminary II ☐ Seminary III ☐ Seminary IV

☐ **Colloquy** ☐ Colloquy I ☐ Colloquy II ☐ Colloquy III

☐ **SMP** ☐ Year I ☐ Year II ☐ Year III ☐ Year IV

NOTES:

- (1) If you checked “5th year”, please explain in “Comments” why you will be classified as a 5th year college student.
- (2) If you checked “Seminary III” or “Seminary IV” please explain in “Comments” whether the year checked is your vicarage year.

Date:

Signature:

Printed name:

Application Deadline for 2026-27: April 1, 2026

Comments: Use this space or an attached page to clarify any point in this application.
