

**MOUNT OLIVE EVANGELICAL LUTHERAN CHURCH  
700 WESTERN STREET, - ANOKA, MINNESOTA 55303**

**STUDENT AID POLICY FOR FULL-TIME COLLEGE OR SEMINARY STUDENTS**

The following regulations will govern the administration of the Student Aid Policy:

**REQUIREMENTS:**

1. The applicant must be enrolled as a professional church work student at a college or seminary operated by the Lutheran Church-Missouri Synod and be subject to placement by the Board of Assignments.
2. The applicant or spouse shall be a communicant member of Mt. Olive Lutheran Church of Anoka, Minnesota.
3. The applicant is expected to be a full-time student during the regular academic year.
4. The amount of student aid to be provided will be determined by the Scholarship Committee based upon available funds.
5. The applicant, parent or guardian, and an officer of Mt. Olive must be willing to sign the scholarship. One copy will be given to the student and one copy will be retained by Mt. Olive.
6. The money provided will be sent directly to the school and credited to the student's account during the current school year. The formula for allocating funds will be as follows:
  - a. Freshman funds will be divided into three parts.
  - b. Sophomore funds will be divided into two parts.
  - c. Thereafter a one-time payment.
7. Students are expected to maintain a cumulative grade average of at least 2.00
8. Following graduation and initial placement by the Board of Assignments, the worker is expected to serve in a full-time professional ministry at least one (1) year for each year of student aid provided; or repay for each year not served.
9. Students who discontinue their studies, unless for health reasons or other valid circumstances, shall repay Mount Olive Lutheran Church of Anoka, Minnesota, all money paid on their behalf.
10. Funds will be provided for a period of one year only. If continuing aid is required, a new application must be submitted.
11. Application for Student Aid Funds should be received at least sixty (60) days prior to the beginning of the school year for which the student is registered. Application shall be made in writing to the Scholarship Committee, addressing requirements 1 and 2. Applicants will be notified of their acceptance by mail.

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Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ .

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
School address

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Officer/Mt. Olive