		20	020-2021 Marti	n Luther College – Into All Fields Denoted w			•		
***							T		
*Nar			US Social Se						
*Home Address					US Summer A	aaress			
*Home Phone #				*Cell Phone #		*En	 vail		
1101	ile riioile #			Cell Filone #		EII	iaii		
	ILY FINANCIAL							T	
2	*Family size: You, your parents and others for whom your parents will provide support from June 2020 - May 2021  *Number in college: You and any other family members (see #1 above) who will be attending college at least half-								
2	time during the coming school year								
3		Date of Birth: Student date of birth							
4	*Parent(s) Date of Birth Father:						Mother:		
	Report all financial information in US dollars								
5		*Income: Include income from work and other sources for the 12 months from 3a Father's Income							
	January thro	rough December 2018				3b	Mother's Income		
		3c Your Income							
6	*Taxes: Use	axes: Use the same 12 month period as for #4. Include all taxes paid.					Father's taxes		
						4b	Mother's taxes		
						4c	Your taxes		
7	*Cash, Savings, Checking Accounts: As of today, what is the total balance from al					5a	Parent's balance		
	these sources					5b	Your balance		
8	*Available a	assets: Net worth of investments and business. Do not include				6a	Parent's assets		
			t report qualified retirement savings plans)				Your assets		
9	Are you or ve	our pare	ents US Citizens?	☐ You ☐ Your Parent(s	s)				
	COLLEGE FUNDING REVIEW [contact Information]  10  *Funds your parents will be able to provide for the school year →							[amount*]	
11									
12	· · · · · · · · · · · · · · · · · · ·								
13	Funds a sponsor will be able to provide for the school year							2000	
		WELS/EI	S World Mission B	oard	Name				
		WELS/EI	S Home Mission B	oard	Name				
		Your chu	urch body or individ	dual congregation	Addres	S			
		NAME:	•						
					Phone				
		Other Sp	oonsor		Addres	S			
	NAME:			Phone					
14 Other Funds/Aid you expect to receive									
							Phone		
	□ Source:				Phone				
				ool year is \$28,000. This in					
				f adequate funds to meet t					
these funds is likely to continue for your entire program. After the MLC Financial Aid Office has reviewed this need analysis form, you will be									
advised of the amount of aid MLC is able to provide.  CERTIFICATION: I certify that the information and comments supplied are true and correct to the best of my knowledge as of the date given.									
*SIG		You		date	1 .				
		Father		date	Mothe	r		date	
<b>STATEMENT OF INTENT:</b> I understand the mission of Martin Luther College and ask to be considered for institutional grants for which I may be eligible as one who intends to give serious and prayerful consideration to serving the Lord as a pastor/teacher/minister.   YES  NO									
Return to: MLC Financial Aid Office, 1995 Luther Ct., New Ulm, MN USA 56073 FAX: 507-354-8225									