

SAF “Partners in Ministry” Recipient Application

IMMANUEL LUTHERAN HIGH SCHOOL, COLLEGE, AND SEMINARY

Overview of the Program

The SAF “Partners in Ministry” (PiM) program is designed to link active CLC called servants, who have obligations to repay ILC Student Aid Fund loans, with donors who agree to provide matching funds for payments on those loans.

Eligibility for the Program Benefits – The program is open to applicants who:

- are on the CLC roster of public servants of the Word (pastors, professors, and teachers);
- are currently serving under a regular Call;
- are repaying SAF loan balances for themselves, and/or are the responsible party for their children who have attended ILHS.

Implementation of the Program

- Called servants may apply for the PiM program benefits by contacting the ILC Business Manager or the Chairman of the Board of Regents, using this application.
- PiM donors agree to match, dollar for dollar, repayments to the SAF loan of the called servant whom they are sponsoring, up to the limit the donor has specified. The matching funds will be applied directly to the SAF loan principal balance semi-annually. These payments are voluntary and not guaranteed.
- PiM called servants and donors will be anonymous to each other.
- PiM donors will be informed of the total SAF loan they may be called upon to share before committing to the program, and may opt out of the program at any time.

Please fill out the form below and return to the ILC Business Manager

Your Name: _____

Call you are serving: _____

Home Address: _____

City/State/Zip: _____

Phone, Cell #: _____

Email: _____

This application is for: My own SAF balance in the amount of: \$ _____

and/or My children's SAF balance in the amount of: \$ _____

Indicate the monthly payment amount stated on your loan: \$ _____

If you are applying for payments to your children's accounts, note that they must be ILHS alumni for whom you are responsible for payment.

Student(s) Information:

Student Name: _____ Attended (Years) (Loan \$\$) (Pmt/Mon)
ILHS from ____ to ____ \$ _____

Student Name: _____ ILHS from ____ to ____ \$ _____

Student Name: _____ ILHS from ____ to ____ \$ _____

Family Financial Data Statement:

HOUSEHOLD INCOME of the person(s) responsible for the SAF loan repayment:

- Adjusted Gross Income from current IRS form 1040, line 37, or 1040EZ, line 4 \$ _____
- Household Exemptions from current IRS form 1040 - line 6d _____
(Please submit pages 1-2 only of your last 1040)

In a separate letter, you may list any extraordinary financial situation you wish to have considered.

Signed: _____ Date: _____
Person responsible for SAF loan repayment

Send application to: General Business Office
Immanuel Lutheran College
501 Grover Road
Eau Claire, WI 54701-7134

***You will be notified by the ILC Business Manager if a
Partner in Ministry donor is found to co-pay on your SAF loan(s).***

If you have any questions please contact:

ILC Business Manager James E. Sandeen (715) 836-6622 or jimsandeen@gmail.com

or

ILC Board of Regents Chairman John Hein (612) 408-1635 or jphein@clclutheran.com