

# APPLICATION FORM

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal \_\_\_\_\_ LCMS District \_\_\_\_\_

School Phone \_\_\_\_\_ School Email \_\_\_\_\_

LCMS Operating Congregation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pastor \_\_\_\_\_

Primary Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

We, the leaders listed below, on behalf of the school and congregation(s) desire the assistance of Lutheran School Consulting Services and will provide leadership in addressing LSCS recommendations.

Pastor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Principal \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Board Chair \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Congregation Chair \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Attach a two-page narrative, written and signed by the primary contact person, that answers these questions:

- 1) Why are you requesting an LSCS visit, and what do you hope to gain from it?
- 2) What are the current difficulties, problems and frustrations at the school?

Attach the \$500 application fee, made payable to: The LCMS—LSCS. This fee is nonrefundable.

Submit the completed application, narrative and application fee to your LCMS district leader who is responsible for schools.

TO BE COMPLETED FOR APPROVAL BY THE LCMS DISTRICT OFFICE.

Name \_\_\_\_\_ District \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The district should send the application and attached materials to:

The Lutheran Church—Missouri Synod  
Attn: School Ministry — LSCS  
1333 S. Kirkwood Road  
St. Louis, MO 63122-7295

