

Student Adoption Application

American Lutheran Theological Seminary, Fort Wayne, Indiana

Congregation Name: _____

Congregation Address: _____

Organization, Group or Individual Participating (if other than entire congregation):

Pastor: _____

Contact Person's Name/Address/Telephone:

With God's help, we plan to pray for and correspond with our student (and family, if applicable) and, if possible, provide financial support in the amount of: _____

Monthly: _____ Quarterly: _____ Yearly: _____

One-Time Gift: _____

Please enclose your first installment check, if possible, and we thank you for your support.