

LUTHERAN SCHOOL CERTIFICATION OF EMPLOYMENT 2019-2020

Please fill out all applicable fields as any incomplete forms will be returned to you for completion.

To be completed by the Concordia student:

I certify that I currently teach at a Lut the academic school year. I understan Lutheran school during this academic Grant.	d that if I do not remain e	employed as a te	acher at a	
I also understand that I must reapply year by completing the Lutheran Scho			ademic school	
Print Full Name		CTX ID (B00xxxxxx)		
Student's Signature	Date			
Documentation to be completed	d by school administ	rator:		
Name of School (Employer)	(() School Phone Number		
Traffic of School (Employer)	OCHOO	I I HOHE INUIHIDEL		
Street Address	City	State	Zip	
School Website Address				
School Principal's Name (print)	 Principal's Signatu	re D	ate	

Please contact your Admissions Counselor/Student Central with any financial aid questions.