



American Lutheran Theological Seminary

Student Adoption Application Form
(Individual)

September 1, 2014 – August 31, 2015

_____ Yes! I/we would like to adopt a student for the September 2014 - August 2015 school year.

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

With God's help, I/we plan to pray for and correspond with our student and, if possible, provide financial support in the amount of:

_____ Monthly \$ _____

_____ Quarterly \$ _____

_____ One-Time Gift \$ _____

_____ Amount Unknown

Do you have a preference for a specific student?

_____ No

_____ Yes, I/we would like to adopt: _____

Signature: _____ Date: _____

Please mail completed form to:

ALTS
921 East Dupont Road #920
Fort Wayne IN 46825

Thank you for your support!



American Lutheran Theological Seminary

Student Adoption Application Form
(Group or Congregation)

September 1, 2014 – August 31, 2015

_____ Yes! We would like to adopt a student for the September 2014 - August 2015 school year.

Congregation: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Organization/Group Participating (if other than entire congregation): _____

Contact Person: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

_____ Monthly \$ _____

_____ Quarterly \$ _____

_____ One-Time Gift \$ _____

_____ Amount Unknown

Do you have a preference for a specific student?

_____ No

_____ Yes, we would like to adopt: _____

Signature: _____ Date: _____

Title/Position: _____

Please mail completed form to:

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Thank you for your support!