

✘ SOUTH DAKOTA SYNOD CANDIDACY SCHOLARSHIP APPLICATION ✘
Deadline: December 1, 2016

Scholarships will be awarded in the Spring of 2017 with disbursement to Seminaries in the Fall of 2017
 for the 2017-2018 Academic Year.
 Less priority will be given to Candidates on Internship in the Fall of 2017.

Please type or print:

Applicant Name _____
Applicant's Address _____

Phone # _____
Cell # _____
Email _____

My Roster Track:
 Seminary MDiv ___; TEEM ___; Diaconal ___;
 Deaconess ___; A.I.M. [specialty: _____]

School Name & Address:

I am: enrolled ___ affiliated ___

I am attending: full time ___ part time ___

I will be at this stage of the academic program for this application academic year:
 Junior ___; Middler ___; Senior ___;
 Other [specify] _____

Home Congregation & Address:

My personal info:

I am: Married ___; Single ___; Number of dependent children: _____

My Spouse is: a full time sem student ___; a part time sem student ___; attends college ___;
 works full-time as homemaker ___; works from home ___; works outside the home ___;

I / We have special financial needs at this time: (be specific) _____

Complete financial information is required:

Anticipated Annual EXPENSES

Tuition _____
 Books/Supplies _____
 Housing _____
 Loan Payments _____
 Medical _____
 Insurance _____
 Living Expenses, etc. _____
 Other annual expenses _____
TOTAL _____

TOTAL _____

Current Debt

School Loans _____
 Credit cards _____
 Auto loans _____
 Home mortgages _____
 Other [specify & amount] _____

Anticipated Annual INCOME

My Job _____
 Spouse income _____
 Current student loans _____
 Other Loans _____
 Other Scholarships _____
 Other Income _____
 Home Church/Church Gifts _____
 Synod Expectation _____
TOTAL _____



Page 2 of application by _____

If you do not receive SD Scholarship support, how will you finance your education? (be specific)

WAIVER TO RELEASE CONFIDENTIAL INFORMATION:

I give my permission for my Financial Aid Office to share necessary financial information with the South Dakota Synod Scholarship Committee.

Student's signature _____

Date _____

Please forward completed application to your school's/seminary's Financial Aid Office ...
Or, if you are not enrolled at a seminary, directly to the Synod Scholarship Committee.

The seminary's Financial Aid Office will forward the completed application to ~

South Dakota Synod Scholarship Committee
South Dakota Synod, ELCA
2001 S Summit Ave
Sioux Falls, SD 57197-0001

CERTIFICATION OF REGISTRAR:

The applicant is a student in good standing at _____ Seminary.

Registrar's signature _____

Date _____

CERTIFICATION OF FINANCIAL AID OFFICER:

Amount of financial need assessed by Financial Aid Office:

Financial Aid Officer's signature _____

Date _____

Comments:

Thank You!

South Dakota Synod Scholarship Committee's recommendation: \$ _____

South Dakota Synod Candidacy Committee's Award: \$ _____ date _____