

✘ SOUTH DAKOTA SYNOD CANDIDACY SCHOLARSHIP APPLICATION ✘
Deadline: April 1, 2019

Scholarships will be awarded in the Spring of 2019 with disbursement to Seminaries in the Fall of 2019
 for the 2019-2020 Academic Year.
 Less priority will be given to Candidates on Internship in the Fall of 2019.

Please type or print:

Applicant Name _____
Applicant's Address _____

Phone # _____
Cell # _____
Email _____

My Roster Track:
 Seminary MDiv ___; TEEM ___; Kairos ___;
 Deacon ___ [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 _____



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!

Note for candidates in the M.Div. Kairos program: These scholarship funds are being awarded with the understanding that you will make reasonable progress in the M.Div. Kairos curriculum. That is understood to mean you will successfully complete approximately 20-30 targets in the Kairos curriculum annually. The Synod will be in communication with your academic team to ensure reasonable progress is being made. In the event you are not making adequate progress, your scholarship funds may be placed on hold or terminated, at the sole discretion of the South Dakota Synod. We are doing this with an understanding of responsible stewardship of scholarship funds and with the expectation that you will be in communication with us if you are not able to make progress in the M.Div. curriculum for whatever reason.

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

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