



South Dakota Synod
Evangelical Lutheran Church in America

**SEMINARY DEBT REDUCTION
ASSISTANCE APPLICATION FOR
ROSTERED LEADERS**

RETURN NO LATER THAN DECEMBER 1, 2025

I hereby submit my application for Seminary Debt Reduction Assistance. I understand that the information provided will be verified by the committee through the seminary I attended, and that all information will remain confidential within the committee.

I certify that loan amounts and payments have been identified as seminary debt or consolidated loans. If my loans have been consolidated, I have provided the most accurate calculations possible to identify the proportionate makeup of the current balance and payments related to undergraduate, seminary and other post-graduate expenses. _____

(INITIALS)

I have participated in the Lutheran Social Services student loan financial counseling program and have implemented the recommended strategies for management and repayment of my seminary debt. _____

(INITIALS)

I understand that this assistance is provided as an interest-free loan on behalf of the South Dakota Synod ELCA in recognition and appreciation for my ministry with the hope that my call to serve in South Dakota is long and blessed. If I continue to serve as an active rostered leader in the South Dakota Synod ELCA through December 31, 2026, this loan will be forgiven. _____

(INITIALS)

Has your congregation contributed to the work of Synod ministry through undesignated mission support this past year? _____

YES

NO

I DON'T KNOW

Has your congregation been a part of the work of Synod ministry through participation in the Synod Assembly this year? _____

YES

NO

I DON'T KNOW

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SEMINARY/THEOLOGICAL SCHOOL: _____

SEMINARY ADDRESS: _____

YEAR OF ORDINATION: _____ YEAR OF CALL TO SD SYNOD: _____

TOTAL CURRENT **SEMINARY/THEOLOGICAL SCHOOL** LOAN BALANCE: \$ _____

TOTAL **CONSOLIDATED** LOAN BALANCE (IF APPLICABLE): \$ _____

Please provide information for each loan below:

Loan 1:

LOAN NO. _____ MONTHLY PAYMENT: \$ _____ BALANCE: \$ _____

NAME LISTED ON LOAN: _____

LENDING AGENCY NAME: _____

ADDRESS: _____

TYPE OF LOAN (check one): Federal Direct Loan Federal Perkins Loan
Federal Family Education Loan Private Loan Other: _____

Is this a Direct Consolidation Loan? YES NO If "yes," please provide details regarding the portions of the loan attributed to undergraduate, seminary and post-graduate education: _____

Is this an Income-Driven Repayment Plan? YES NO If "yes," what is your next annual re-enrollment date? _____

Have you made application for Public Service Loan Forgiveness? YES NO

Loan 2:

LOAN NO. _____ MONTHLY PAYMENT: \$_____ BALANCE: \$_____

NAME LISTED ON LOAN: _____

LENDING AGENCY NAME: _____

ADDRESS: _____

TYPE OF LOAN (check one): Federal Direct Loan Federal Perkins Loan
Federal Family Education Loan Private Loan Other: _____

Is this a Direct Consolidation Loan? YES NO If "yes," please provide details regarding the portions of the loan attributed to undergraduate, seminary and post-graduate education: _____

Is this an Income-Driven Repayment Plan? YES NO If "yes," what is your next annual re-enrollment date? _____

Have you made application for Public Service Loan Forgiveness? YES NO

Loan 3:

LOAN NO. _____ MONTHLY PAYMENT: \$_____ BALANCE: \$_____

NAME LISTED ON LOAN: _____

LENDING AGENCY NAME: _____

ADDRESS: _____

TYPE OF LOAN (check one): Federal Direct Loan Federal Perkins Loan
Federal Family Education Loan Private Loan Other: _____

Is this a Direct Consolidation Loan? YES NO If "yes," please provide details regarding the portions of the loan attributed to undergraduate, seminary and post-graduate education: _____

Is this an Income-Driven Repayment Plan? YES NO If "yes," what is your next annual re-enrollment date? _____

Have you made application for Public Service Loan Forgiveness? YES NO

Additional Information: _____

SIGNED: _____ DATE: _____

NOTE: This is a fillable PDF form. Please complete and return via SECURE email to debt-reduction@sdsynod.org ; or mail to South Dakota Synod, ELCA, Attention: Sem. Debt Committee, Augustana University, 2001 S. Summit Ave., Sioux Falls, SD 57197; or fax to 605.274.4028 by December 1, 2025. Questions? Call 605.274.5030 (office) or 605.868.8754 (cell).