

☒ SOUTH DAKOTA SYNOD CANDIDACY SCHOLARSHIP APPLICATION ☒

Deadline: December 1, 2009

Scholarships will be awarded in the Spring of 2010 with disbursement to Seminaries in the Fall of 2010.
Less priority will be given to Candidates on Internship in the Fall of 2010.

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 am at this stage of the academic program:
 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 _____

Anticipated Annual INCOME

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

Current Debt

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

TOTAL _____



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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 _____