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| **Financial Assistance Application Form***For seminarians seeking financial assistance from the North American Lutheran Church through the Theological Education Fund*  |  |

The purpose of the North American Lutheran Church (NALC) Theological Education Fund is to provide tuition assistance to qualified candidates who are enrolled in a course of seminary study and preparing for Word and Sacrament Ministry (ordained) or certified lay ministry in the North American Lutheran Church. This application is for candidates entranced into the NALC candidacy process. (Important Note: Do not use this application if you are a *full-time, residential student at the North American Lutheran Seminary [NALS]. Such students have their financial aid request processed as part of their admission to the NALS.*) Financial assistance is disbursed ONLY to seminaries and is only applied to tuition and academic fees of the applicant. Applications are reviewed three times a year and grants are given for a 12-month period. Candidates may receive not more than three such grants during their period of candidacy. Allow a minimum of 90 days after the application deadline for notification of decisions regarding financial assistance.

To receive consideration for tuition and academic fee assistance, applicants must meet all of the following qualifications:

1. Exhibit extraordinary pastoral leadership potential that is confirmed through the recommendation by the NALC Candidacy Committee and two letters of reference from pastors provided by the student.
2. Provide evidence of a strong mission orientation for pastoral ministry by completing a two-page essay on “The implications of the Great Commission for congregational ministry.” **If you are reapplying for financial assistance, your two-page essay will be on your observations of ministry this past year and how you have grown in your theological understanding of your call and pastoral identity.**
3. Demonstrate the need for financial assistance through completing the application and being willing to provide supporting documentation as required by the review committee. (This may include federal tax returns or copies of pay stubs.)

All students must reapply for consideration annually. (There is nothing implied in any part of the application process for receipt of financial support beyond a single academic year.)

**Please submit your form at this link: thenalc.org/fasubmission**

**Or mail to:**

**North American Lutheran Church**

Attn: Candidacy Committee

2299 Palmer Dr., Suite 220

New Brighton, MN 55112-2202

**Section I. Applicant Information**

**Last name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix** (Jr., Sr., III) \_\_\_\_\_\_\_\_\_\_\_\_

**First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle name or initial** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province**\_\_\_\_\_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other)

**Primary emai**l \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mm/dd/yyyy

**Marital status and family information**

 \_\_\_\_\_*Single \_\_\_\_\_Married \_\_\_\_\_Number of Children*

 Spouse name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date married \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s name Age Living at home?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_Y \_\_\_N

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_Y \_\_\_N

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**Employment Status**

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours worked per week \_\_\_\_\_\_\_\_\_\_ Pay Rate: $\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_/Month

Is your spouse employed? \_\_\_\_ Yes \_\_\_\_ No

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours worked per week \_\_\_\_\_\_\_\_\_\_ Pay Rate: $\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_/Month

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section II. Seminary Information**

**Name of Seminary to which financial assistance should be disbursed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province**\_\_\_\_\_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_\_\_\_\_

**Enrollment Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected Graduation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mm/yyyy mm/yyyy

**Name of Academic Dean or Advisor and contact information to confirm enrollment:**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial assistance is requested for the Academic Year** \_\_\_\_\_\_\_\_\_\_\_\_ **through** \_\_\_\_\_\_\_\_\_\_\_\_

 mm/yyyy mm/yyyy

**Estimated total amount for tuition and academic fees for current Academic Year is $**\_\_\_\_\_\_\_\_\_\_

Credit hours or courses already completed during the current academic year:

*Total hours* *Course Names*:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Courses you anticipate taking during the 12-month period for which you are requesting tuition assistance in this application\*:

*Course Names*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **\*Total tuition and academic fees for these courses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Personal Financial Information**

List all financial support or assistance you receive from other sources in providing for your seminary education:

|  |  |  |
| --- | --- | --- |
| **Type of support** | **Amount** | How much of the support listed below is for the current academic year in which you are applying for NALC tuition assistance?$\_\_\_\_\_\_\_\_\_.00 |
| **NALC Denominational Financial Aid**1. Tuition Assistance (Date):
2. Tuition Assistance (Date):
3. Tuition Assistance (Date):
 | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |
| **Scholarships** (other – list name of scholarship and amount of each)Attach another page if more space is needed | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |
| **Congregational Support** (list congregation and year of support plus amount)Attach another page if more space is needed | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Financial support** toward seminary education **from individuals & family** (list source here and amounts in next columns)1.
2.
3.

Attach another page if more space is needed | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |
| **Other support:** (Mission district, etc. – specify source and type)1.
2.

Attach another page if more space is needed | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |
| My total current student loan indebtedness:My personal investment to date in seminary education | $\_\_\_\_\_\_\_\_.00$\_\_\_\_\_\_\_\_.00 |  |

Total annual income disclosed on tax returns for the previous two years (list total combined income if married and filing jointly):

Tax Year \_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_ Tax Year \_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_

Describe any special financial needs or circumstances:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am applying for this financial assistance for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Use additional sheets if necessary.)

**IV. Qualifying Documentation**

\_\_\_\_\_ I have contacted the following pastors requesting letters of recommendation concerning my qualification as a student possessing “exceptional pastoral leadership potential.”

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_**This is my initial application.** I am including with this application my two-page essay on *“The implications of the Great Commission for congregational ministry.”*

\_\_\_\_\_**I am reapplying for financial assistance.** I am including with this application my two-page essay on “*My observations of ministry this past year and how I have grown in my theological understanding of my call and pastoral identity.”*

\_\_\_\_\_I agree to provide any financial documentation the review committee deems necessary in order to confirm my legitimate need and qualification for this financial support.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***INSTRUCTIONS FOR APPLICANT: Print out the next two pages and give to the pastors from whom you have requested a recommendation. Submit pages 1-5 of this completed form at this link: thenalc.org/fasubmission***

**Letter of Recommendation**

*You have been asked to provide a letter of recommendation. Please complete this form and submit it at this link:* *thenalc.org/farecsubmission (preferred method) OR mail to:*

**North American Lutheran Church**

 Attn: Candidacy Committee

 2299 Palmer Dr., Suite 220

 New Brighton, MN 55112-2202

**Candidate Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have known the candidate for (length of time):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I know the candidate through:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please comment on the candidate’s skills and gifts for pastoral ministry:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please comment on the candidate’s ability to engage in master level studies:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please comment on the candidate’s financial health and work history:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please comment on the candidate’s character, emotional and spiritual health, and moral behavior:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any additional comments:**

(Please continue on back if more room is needed.)

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province**\_\_\_\_\_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_