



Candidacy Financial Scholarship Application

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Thanks to the generosity and forethought of God's people, the Indiana-Kentucky Synod has endowment funds designated for the financial support of its candidates for rostered ministry in the ELCA. A portion of the annual draw from those endowments is used to apply \$1000.00 per academic year toward the tuition of every candidate who has received a positive Entrance Decision from the Synod Candidacy Committee and who is a full-time seminary student. There is no application for this Student Assistance Scholarship and it is sent directly to the seminary where each candidate is enrolled each academic year for up to three academic years.

The remaining funds from the endowment draw each year are available to support seminary or educational expenses directly related to candidacy for rostered ministry who have received a positive Entrance Decision and who are in active, positive standing as candidates (e.g., not engaged in a period of postponement). Typically, these scholarships begin at \$500.00 and are awarded annually by the Indiana-Kentucky Synod Financial Aid Team for Candidacy through an application process.

In order to be considered for a scholarship for Spring 2007, this application must be submitted no later than Wednesday November 22, 2006 to Pastor Bill Gafkjen at the postal address or fax number above. The enclosed authorization for release of financial aid information must also be delivered by that date to the financial aid office of your educational institution in order for that office to release information to the synod's Financial Aid Team.

NAME _____ new scholarship application renewal

ADDRESS _____

PHONE _____ E-MAIL _____

I am a candidate for: Associate in Ministry Deaconess Diaconal Minister Pastor

DATE OF ENTRANCE DECISION by Candidacy Committee _____

EDUCATIONAL INSTITUTION ATTENDING OR PLANNING TO ATTEND:

ANTICIPATED DATES of ATTENDANCE from _____ to _____

Full-time student Part-time student

DEPENDENTS LIVING WITH YOU:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Assets

Home and/or Other Property

_____	Value _____	Available for education costs? Y / N
_____	Value _____	Available for education costs? Y / N
_____	Value _____	Available for education costs? Y / N

Stocks, Mutual Funds, Investments

_____	Value _____	Available for education costs? Y / N
_____	Value _____	Available for education costs? Y / N
_____	Value _____	Available for education costs? Y / N
_____	Value _____	Available for education costs? Y / N

Debt

Student Loans (total, include spouse's) _____ Credit Card Balances (total) _____

Other (description and total) _____

Income and Expenses

Combined Adjusted Gross Income from last IRS Form 1040 or 1040a _____

Estimated Income/Financial Resources for the upcoming year:

Salaries _____ Other Income (describe) _____

Congregational Support _____

Estimated Expenses for the upcoming year:

Tuition and Fees _____ Books and Supplies _____

Housing _____ Medical (inc. insurance) _____

Transportation (car payments, commuting, insurance, etc.) _____

Other (please explain) _____

Please note below any other considerations, hardships, or concerns that might assist the committee in making a decision.

I affirm that the above information is complete and accurate to the best of my knowledge. I am aware of and agree to the guidelines for the scholarship for which I am applying.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Indiana-Kentucky Synod (ELCA) Financial Aid Team for Candidacy

For the Candidate/Applicant

This form provides your authorization for the Financial Aid Office of your educational institution to release information to the Financial Aid Team for Candidacy of the Indiana-Kentucky Synod. The sharing of this information is an expression of the cooperation between various partners in the candidacy process of the Evangelical Lutheran Church in America and the Indiana-Kentucky Synod and is intended to assist the Financial Aid Team of the Indiana-Kentucky Synod to make informed and wise decisions in support of your candidacy and in stewardship of the resources of the synod. Please fill out and sign this form and bring it to the Financial Aid Office of your educational institution no later than the deadline indicated on the first page of the application form. Please also include a copy of this form with the scholarship application form you submit to the synod office.

For the Financial Aid Office

Thanks to designated endowment funds, the Financial Aid Team of the Indiana-Kentucky Synod (ELCA) has the joy and responsibility of awarding scholarships to candidates from this synod for rostered ministry in the Evangelical Lutheran Church in America. This financial aid is intended to supplement, not to replace, other financial assistance. The information you share in response to this authorization will be held in strict confidence and will be used only to inform decisions about the dispersal of synodical funds designated for candidates from this synod. If you have any questions about this process, please call Pastor Bill Gafkjen, Assistant to the Bishop and Director of Candidacy, using the contact information listed below. Thank you for your partnership in supporting candidates for rostered ministry.

I, _____ (print name) request and authorize the Financial Aid Office at _____ (school name) to release my financial aid information for the current award year to the Financial Aid Team for Candidacy of the Indiana-Kentucky Synod, ELCA. I specifically request the following information be provided: COA, EFC, total gift aid, total loan, and any other known resources (such as VA, Vocational Rehabilitation, or other resources used in the need analysis calculation).

Please submit the information via fax, e-mail attachment, or regular mail to:

Rev. Dr. William (Bill) Gafkjen
Assistant to the Bishop
Indiana-Kentucky Synod, ELCA
911 E. 86th Street Suite 200
Indianapolis, IN 46240
Phone (317) 253-3522
Fax (317) 254-5666
E-mail bgafkjen@iksynod.org

Signature _____ Date _____