



FINANCIAL ASSISTANCE APPLICATION FORM

For seminarians seeking financial assistance from The North American Lutheran Church through the Great Commission Fund for Leaders. The Purpose of this Fund is to provide financial assistance to qualified candidates who are enrolled in a course of study at a seminary preparing for Word and Sacrament ministry in the North American Lutheran Church.

To receive consideration for financial assistance students must meet the following qualifications:

1. Provide a letter from the Chair of the NALC Candidacy Committee that they are properly enrolled in the candidacy process as a student seeking ordination to Word and Sacrament ministry.
2. Provide a letter from an NALS Network seminary that they are enrolled in an MDiv. program/OUSC or Diaconate.
3. 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.
4. Submit a one page essay describing your financial situation and why you need assistance.
5. Submit a one page essay on your understanding of stewardship.
6. Demonstrate the need for financial assistance through completing the application, supplying the NALS office with a current FAFSA form, and being willing to provide supportive 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 or receipt of financial support beyond a single academic year.)

NOTE ON DOCUMENT SUBMISSION:

For the first semester of an academic year, submit pages one to three.

For the second semester of the academic year, submit page four only. (Unless the second semester is the only semester you will be attending seminary.)

FINANCIAL ASSISTANCE APPLICATION FORM

I. Applicant Information

Name: _____

Address: _____

Email: _____

Phone: _____

Applicant Employment Status:

Are you employed? YES NO

Name of Employer: _____

Nature of your work: _____

Number of hours worked per week: _____

Rate of pay: Hourly _____ Monthly Salary _____

Marital Status: _____

Name of Spouse: _____

Date of Marriage: _____

Spouse Employment Status:

Is your spouse employed? YES NO

Name of Employer: _____

Nature of their work: _____

Number of hours worked per week: _____

Rate of pay: Hourly _____ Monthly Salary _____

Family:

Number of children: _____

Children's names and ages:



II. Seminary Information

Name of Seminary you are attending: _____

Address: _____

Enrollment date: _____

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

Position: _____

Phone: _____

Email: _____

Current Academic Year:

Start date: _____ End date: _____

Number of Seminary Credit hours or courses already completed: _____

Names of courses you will be taking this semester for which you are requesting financial assistance:

Cost of courses for this semester:

III. Personal Financial Information

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

Individuals: _____ Scholarships: _____

Student Loans: _____ Congregations: _____

Other: _____

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

Last year: _____ Previous year: _____

My personal financial investment in my seminary education: _____



I have contacted the Chair of the Candidacy Committee and requested a letter of recommendation concerning my enrollment in the candidacy process and a statement evaluation my qualification as a student possessing "exceptional pastoral leadership potential."

OR

I have contacted the Coordinator of the OUSC or Diaconate and requested a letter of recommendation concerning my enrollment in the process and a statement evaluation my qualification as a student possessing "exceptional leadership potential."

I have contacted the following pastors requesting letters of recommendation concerning my qualification as a student possessing "exceptional leadership potential:"

I am including with this application a one page essay describing my financial need.

I am including with this application a one page essay on my understanding of stewardship.

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 of applicant: _____

Date: _____

Please return this form to:

Patty Forrest

The North American Lutheran Seminary

311 Eleventh St. Ambridge, PA 15003

or

NALSadmin@tsm.edu

For office use only:

Date of approval:

Amount approved:

Signature of General Secretary:

Check received date:



FINANCIAL ASSISTANCE APPLICATION FORM

(second semester only)



NORTH AMERICAN
LUTHERAN
SEMINARY

I. Applicant Information

Name: _____

Address: _____

Email: _____

Phone: _____

Date: _____

II. Employment/Income Status

Has anything changed in your employment or income status since you applied for Financial Assistance for the first semester of the academic year?

Current Academic Year:

Start date:

End date:

Number of Seminary Credit hours or courses already completed:

Names of courses you will be taking this semester for which you are requesting financial assistance:

Cost of courses for this semester:

For office use only:

Date of approval:

Amount approved:

Signature of General Secretary:

Check received date:

Please return this form to:

Patty Forrest

The North American Lutheran Seminary
311 Eleventh St. Ambridge, PA 15003

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