



## **Financial Assistance Application Form**

Financial Assistance Form: keep this page for reference.

For seminarians seeking financial assistance from The North American Lutheran Church through the Fund for Seminarians. The purpose of this fund is to provide financial assistance to qualified candidates who are enrolled in a course of study at a NALS Network Seminary preparing for ordained ministry in the North American Lutheran Church.

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

1. Provide a letter from an NALS Network seminary that they are enrolled in an MDiv. or equivalent program leading to ordained ministry.
2. 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.
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. (Letters already received by the seminary on the student's behalf will suffice.)
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.)
7. 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.) Students must maintain a 2.0 GPA to receive funding. Any courses that are not passed must be retaken at the student's own expense.
8. Any student who has been enrolled in a course of study meeting the above criteria but has not had the opportunity to meet with the candidacy committee may receive financial assistance for one semester. Further financial assistance will require a positive entrance into the candidacy process.

### **NOTE ON DOCUMENT SUBMISSION:**

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

For the second semester or summer term, submit page four only (unless the second semester or summer term is the only semester you will be attending).

# 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:

## 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 evaluating my qualification as a student possessing "exceptional pastoral leadership potential."

**OR**

I have contacted the coordinator of the OUSC program and requested a letter of recommendation concerning my enrollment and a statement evaluating my qualification as a student possessing "exceptional pastoral leadership potential."

**OR**

I have contacted the coordinator of the Diaconate program and requested a letter of recommendation concerning my enrollment and a statement evaluating my qualification as a student possessing "exceptional lay leadership potential."

I have contacted the following pastors requesting letters of recommendation concerning my qualification as a student possessing "exceptional pastoral leadership potential:" (Student may use already submitted recommendations)

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I am including with this application a brief description of 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:

For office use only:

Date of approval:

Amount approved:

Signature of General Secretary:

Check received date:

**Please return this form to:**

NALS Administrative Coordinator  
The North American Lutheran  
Seminary  
311 Eleventh St. Ambridge, PA 15003  
or  
[rfrontz@thenals.org](mailto:rfrontz@thenals.org)

**Financial Assistance Application Form**  
**(Second semester only)**



**I. Applicant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

**2. 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:

<p>For office use only: Date of approval: Amount approved: Signature of General Secretary: Check received date:</p>	<p><b>Please return this form to:</b> NALS Administrative Coordinator The North American Lutheran Seminary 311 Eleventh St. Ambridge, PA 15003 or <a href="mailto:rfrontz@thenals.org">rfrontz@thenals.org</a></p>
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