Seminarian Financial Assistance

Applies to: Seminary Students
Issued: 2011
Reviewed: 2021
Revised: May 2022

Summary Statement:
Per the Candidacy Process Manual, “Financial Aid,” The NALC has established a fund for theological education. The Candidacy Committee will develop and implement procedures for providing financial assistance to candidates according to the needs of the candidates and the church,” any student in need of financial assistance must apply and be approved to receive funds.

Policy Guidelines:

- Students must be enrolled in an NALS Network seminary.
- A current FAFSA form must be sent to the NALS office.
- Students receiving funding must pass all courses with 2.0 or higher (if seminary uses a 4.0 grading system) or pass all courses (if a pass/fail system is used).
- If a student fails a course and the NALC paid for that course, when they retake the course the student must pay for it.

Procedures:

- Fill out and send a FAFSA form to the NALS Network office in Ambridge, PA.
- Complete the Financial Assistance Application and two essay questions.
- Send to the NALS Network office.
- NALS office will send application to the General Secretary and NALC Office Administrator for review. GS will share and discuss with seminary president and assistant to the bishop for ministry and ecumenism. Decision will be sent to NALS Network office.
- If/when assistance is granted, students must sign and date a covenant that states the conditions of the grant which will be provided by NALC Office Administrator.
- The candidacy committee will be informed of the grant.
- NALC Financial Administrator will send a check to the seminary where the student is enrolled.
Financial Assistance Application Form

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: ________________

Financial Assistance Form: page two
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)

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: 

Please return this form to:
NALS Administrative Coordinator
The North American Lutheran Seminary
311 Eleventh St. Ambridge, PA 15003
or
rfrontz@nals.org

Financial Assistance Form: page three
FINANCIAL ASSISTANCE APPLICATION FORM
(second semester only)

Applicant Information

Name: ____________________________
Address: ____________________________
Email: ____________________________
Phone: ____________________________
Date: ____________________________

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:

Please return this form to:
Rebecka Frontz
The North American Lutheran Seminary
311 Eleventh St. Ambridge, PA 15003
or
NALSadmin@tsm.edu

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