

# *Society for the Increase of the Ministry*

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## **Form A**

Revised: November 30, 2007

## **Scholarship Application**

I, the undersigned, have read the guidelines of the Society and respectfully request that I receive a scholarship for the academic year 2008-2009 in accordance with the provisions of these guidelines. I am firmly resolved to devote myself to the ordained ministry of the Episcopal Church and feel by God called to do so.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date presented to the financial aid office*

The application is due in the financial aid office of your seminary no later than March 1, 2008.  
If any of the required information is not provided by the applicant, the application will be refused.

1. Name in full: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Name by which you are called \_\_\_\_\_

2. Home address: \_\_\_\_\_

3. Current mailing address: \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

4. Seminary now attending (planning to attend): \_\_\_\_\_ Class of : \_\_\_\_\_

5. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

6. Your sponsoring parish: \_\_\_\_\_ Telephone# \_\_\_\_\_

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

Rector, priest-in-charge, or interim: \_\_\_\_\_

7. Your diocese: \_\_\_\_\_

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

Bishop: \_\_\_\_\_

8. Parents names: \_\_\_\_\_

Parents' occupations: \_\_\_\_\_ Are both parents living? \_\_\_\_\_

9. Your marital status: \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_ If divorced, date: \_\_\_\_\_

Number and ages of ***dependent*** children: \_\_\_\_\_

10. If married, will your spouse be living with you while you are at seminary? \_\_\_\_\_ Spouse's name \_\_\_\_\_

If not, where? \_\_\_\_\_

Will your spouse be employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

**Financial Information Part I**

**ANSWER ALL QUESTIONS**

Assets

11. What assets (real estate, securities, pension funds, insurance, etc.) have you liquidated to fund your seminary education? \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Do you anticipate liquidating other assets? \_\_\_\_\_ \$ \_\_\_\_\_

12. Please list your household assets (stocks, bonds) and give their market value: \_\_\_\_\_

13. Do you own a house or condo? \_\_\_\_\_

Amount of mortgage: \_\_\_\_\_ Present sales value: \_\_\_\_\_

14. Do you expect to rent or sell your house or condo? \_\_\_\_\_

If so, expected income from rent or sale: \_\_\_\_\_

15. Checking account balance, February 1: \_\_\_\_\_

Savings account balance, February 1: \_\_\_\_\_

IRA or 401(k) balance, February 1: \_\_\_\_\_

16. Life Insurance carried: face value: \_\_\_\_\_ Annual premium: \_\_\_\_\_

17. Of resources listed above (12-15) how much have you planned to use:

Middler year? \_\_\_\_\_ Senior year? \_\_\_\_\_

18. INDEBTEDNESS. Please provide the amount of your current outstanding household (i.e., you **and your** spouse/partner) indebtedness, e.g., GSLs, credit card, other financial institutions, family, parish, diocese, seminary, friends. Please identify the amount and source of any amount you expect to incur in 2008 – 2009.

<u>Amount</u>	<u>Original date of loan</u>	<u>Owed to whom</u>	<u>Repayment terms and due dates</u>
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19. Please mention below any special personal or financial circumstances which might have a bearing on your application for assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information, Part II**

20. Please estimate your income and financial support from all sources and expenses for the 12-month period beginning next September 1. (Seniors should provide a 9-month estimate.) **Please enter an amount for each category, using zero if no estimate is available.**

**PERSONAL INCOME:**

*Please do not include expenses for which you are reimbursed.*

Your income from Field Work or other employment \$ \_\_\_\_\_

Other members of your household \$ \_\_\_\_\_

Investment Income \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Loans not listed on page 2 (GSL, banks, family etc.) \$ \_\_\_\_\_

Income from Trusts \$ \_\_\_\_\_

Rental income \$ \_\_\_\_\_

Grants or Scholarships (Give sources)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Educational:

Tuition \$ \_\_\_\_\_

Books, Clinical Pastoral Education, Parish Training Programs: Summer and Winter \$ \_\_\_\_\_

Conferences & Retreats \$ \_\_\_\_\_

General household expenses: Housing, food, utilities, clothing, Child care \$ \_\_\_\_\_

Sundry expenses to maintain yourself and your family (list)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Travel:

Field Work, Visits to Diocese, Other ministry travel \$ \_\_\_\_\_

**OTHER FINANCIAL SUPPORT:  
(Gifts and Grants, Not Loans)**

Diocesan Bishop \$ \_\_\_\_\_

Home Diocese \$ \_\_\_\_\_

Home Parish \$ \_\_\_\_\_

Seminary \$ \_\_\_\_\_

Family (Parents) \$ \_\_\_\_\_

Spouse's Parents \$ \_\_\_\_\_

Friends \$ \_\_\_\_\_

Any other source \$ \_\_\_\_\_

Taxes: Property, IRS, State \$ \_\_\_\_\_

Unreimbursed medical/dental not covered by insurance \$ \_\_\_\_\_  
(Please explain under #19.)

Charitable giving, including church \$ \_\_\_\_\_

Auto expenses \$ \_\_\_\_\_

House maintenance \$ \_\_\_\_\_

Loan payments \$ \_\_\_\_\_

Mortgage payments \$ \_\_\_\_\_

Credit card payments \$ \_\_\_\_\_

Health insurance premiums \$ \_\_\_\_\_

Life insurance premiums \$ \_\_\_\_\_

Other (Please list on another Sheet.) \$ \_\_\_\_\_

**Total Estimated Income** \$ \_\_\_\_\_

**Total Estimated Expenses** \$ \_\_\_\_\_

**EXPENSES MINUS INCOME** \$ \_\_\_\_\_

**AMOUNT REQUESTED OF SIM** \$ \_\_\_\_\_

**ANSWER ALL QUESTIONS**

**21. Health Insurance**

A. Do you currently carry health coverage?  Yes  No

If yes, through whom?

Diocesan Health Plan  Church Pension Fund Plan

Does the Diocese pay for this insurance?  Yes  No

Other

Company providing insurance \_\_\_\_\_

Is your spouse covered?  Yes  No  N/A

Are children covered?  Yes  No  N/A

Is dental coverage included?  Yes  No

If no, are you included in a health plan?  Yes  No

Are children covered?  Yes  No  N/A

B. What is the cost to you (premium)? \$ \_\_\_\_\_ per month

**APPLICANT'S CERTIFICATE**

**Please retain a copy of your application for your records.**

I certify that the above application truly represents my financial situation for the year and includes all my resources. If there should be any significant change in my canonical, financial, or marital/household status, I will notify the Society of it promptly.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Comments by seminary financial aid officer and/or dean:**

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

This applicant's budget has been reviewed and is in accord with the guidelines set by this seminary and the applicant is a student in good standing in this school.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Dean or Financial Aid Office*

## **Nota bene**

**This application must be returned through the Financial Aid Office of your seminary and must be signed by either your Financial Aid Officer or your Dean.**

## **Résumés**

**Please enclose a one page resume which includes previous education (name of colleges, dates of graduation, degrees awarded and honors) and employment history (full and part time positions held since graduating from college).**

*The Rev. Canon Robert G. Carroon*

*Society for the Increase of the Ministry*

**Scholarship Application Checklist for Spring, 2008**

*[For those making application for the First time]*

Name [last] \_\_\_\_\_ [first] \_\_\_\_\_ [middle] \_\_\_\_\_

Name by which you prefer to be called and addressed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Seminary \_\_\_\_\_ Class of \_\_\_\_\_

1.           **Scholarship Application**
  - Page 1    Complete
  - Page 2    Complete
  - Page 3    Complete
  - Page 4    Complete
2.           **Dean's or Financial Aid Officer's signature**
3.           **Essay**
4.           **Résumé**
5.           **Statement of Postulancy from Bishop (may be included in Bishop's letter of reference)**
6.           **Letters of reference:**
  - **Applicant's Bishop**
  - **Applicant's Rector**
  - Lay Person # 1 from Applicant's home parish
    - **Financial need    vocation    character and    church involvement**
  - Lay person # 2 from Applicant's home parish
    - **Financial need    vocation    character and    church involvement**
7.           **Clip this Checklist to the front of your Application**