

The Society for the Increase of the Ministry

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Form B

Revised: May 23, 2008

Renewal 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? _____

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? _____ Sr. year? _____

18. INDEBTEDNESS. Please provide the amount of your current outstanding household (i.e., you **and your** spouse/partner) indebtedness, e.g., GSL's, 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:

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)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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

Diocesan Bishop \$ _____

Home Diocese \$ _____

Home Parish \$ _____

Seminary \$ _____

Family (Parents) \$ _____

Spouse's Parents \$ _____

Friends \$ _____

Any other source \$ _____

Total Estimated Income \$ _____

Please do not include expenses for which you are reimbursed.

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 \$ _____

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 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.

The Society for the Increase of the Ministry

Scholarship Application Checklist for Spring, 2008

[For those making application for the second or third 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 or Financial Aid Officer's Signature

3. This Year's Essay

4. Clip this Checklist to the front of your Application form