

THE KARL, JOHN, ELIZABETH WURFFEL MEMORIAL FUND  
AND  
THE ALLIE L. SILLS MEMORIAL FUND

**INTEREST-FREE STUDENT LOAN & SCHOLARSHIP PROGRAM  
RE-APPLICATION INSTRUCTIONS & HELPFUL HINTS**

---

**Dear RE-APPLICANT:**

*We are pleased to learn of your continued interest in the Synod=s Interest-free Student Loan & Scholarship Program. These programs are open to undergraduate and seminary students only. Only one application is required to apply to both programs. Please read all of the material carefully before you begin the re-application process. If you have any questions or problems regarding this re-application please do not hesitate to contact the Synod Office at 1-800-585-5881, or via e-mail [Stacy.Galloway@Synodne.org](mailto:Stacy.Galloway@Synodne.org). Please be assured that every re-application is reviewed with individual care and concern. May God bless you as you prepare for the next important steps in your life.*

**DEADLINES**

The following deadlines are very important to ensure your application is prepared for committee review prior to their April meeting. If you are having difficulty meeting these deadlines please do not hesitate to contact the Synod office. We also recommend using the “Return Receipt Requested” mailing service offered by the United States Postal Service, to confirm receipt of your application.

- **APRIL 1, 2018 – ALL APPLICATIONS MUST BE RECEIVED BY THIS DATE.**
- **APRIL 15, 2018 – ADDITIONAL/SUPPORTING DOCUMENTS MAY BE MAILED SEPARATELY BUT MUST BE RECEIVED BY THIS DATE.**

**SUPPPORTING DOCUMENTS**

**Essay:** The committee reads all essays. This is your chance to tell us about yourself and help us get to know more about you. The essay also gives you the opportunity to tell us of any new, unusual circumstances, or a special situation that the committee needs to know about when considering your re-application. It should also tell us of your faith journey and where it has taken you.

**Tax Forms:** A copy of your parent's and your current year tax return (pages 1 & 2 of Federal Tax Form only) is required to verify your income. If you did not file a tax return, please indicate this on your application

**\* Incomplete applications will be returned to the applicant and will not be considered by the committee. \***



# THE SYNOD OF THE NORTHEAST

5811 Heritage Landing Drive, 2<sup>nd</sup> Floor  
East Syracuse, New York 13057-9360  
Telephone: (315) 446-5990  
Or (800) 585-5881

## COMPLETE THIS BOX:

Undergraduate Student - Year  1  2  3  4

Seminary Candidate - Level / Year

Applying for Scholarship  Interest-Free Loan

Both

## THE KARL, JOHN, ELIZABETH WURFFEL FUND AND THE ALLIE L. SILLS MEMORIAL FUND

### INTEREST-FREE STUDENT LOAN & SCHOLARSHIP APPLICATION For the 2018-2019 School Year

#### RE-APPLICANT'S Personal Information

Title: Ms. Mr. Rev. Other: \_\_\_\_\_ Gender: Male Female

Name: \_\_\_\_\_ SSN # \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: Single Married Separated Divorced

Have your parents filed current tax returns?  Yes  No Have you filed current tax returns?  Yes  No

Are you considered: Dependent Independent

If independent, number of dependents: \_\_\_\_\_ Ages of dependents: \_\_\_\_\_

#### Parental/Family Information B For all dependent applicants

Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_

Number of immediate family members (including applicant)

In the upcoming school year, how many immediate family members (including applicant) will be attending institutions of Higher Education? \_\_\_\_\_

#### Church Information

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Presbytery of \_\_\_\_\_ Pastor=s Name \_\_\_\_\_

**School Information**

Name of high school \_\_\_\_\_

Address \_\_\_\_\_

Graduation date or expected graduation date: \_\_\_\_\_

Do you attend or do you plan to attend seminary? Yes No (If yes, Form C. must be completed)

Name of college or seminary \_\_\_\_\_

Address \_\_\_\_\_

Do you: Currently attend this school Plan to attend this school

Is this: Your final choice Not yet definite

Have you been accepted? Yes No Haven't heard yet

Are you or do you plan to be a full-time student? Yes No

Graduation date or expected graduation date \_\_\_\_\_

**Essay**

On a separate sheet in 300-350 words, please tell us about your growth (including spiritual growth), during this past year and what you hope to accomplish in the coming years. Tell us about your extracurricular activities and interests (school, church and community). Finally, please explain the role your faith will take in fulfilling your academic goals.

*I ASSUME RESPONSIBILITY FOR THE COMPLETENESS AND ACCURACY OF THE INFORMATION ON THESE PAGES. I UNDERSTAND THAT THE INTENT OF ANY AWARD MADE TO ME WILL BE TO REDUCE THE AMOUNT OF MONEY I WILL NEED TO BORROW FROM OTHER SOURCES TO ATTEND SCHOOL. I FURTHER UNDERSTAND THAT ANY LOAN MONIES AWARDED TO ME IS AN INTEREST-FREE LOAN AND THAT I WILL BE REQUIRED TO SIGN A PROMISSORY NOTE WHICH STATES MY INTENTION TO REPAY THIS LOAN AFTER I HAVE COMPLETED SCHOOL.*

\_\_\_\_\_  
Signature of Student/Re-Applicant\_\_\_\_\_  
Signature of Parent or Guardian (For those still considered dependents)

When you have completed this re-application mail\* to:

**SYNOD OF THE NORTHEAST - STUDENT LOAN/SCHOLARSHIP COMMITTEE**  
**5811 Heritage Landing Drive, 2<sup>nd</sup> Fl.**  
**East Syracuse, New York 13057-9360**

\*We recommend mailing this re-application using AReturn Receipt Requested@  
offered by the United States Postal Service.\*



**FORM A**

**The Synod of the Northeast  
Interest-Free Student Loan & Scholarship Program  
5811 Heritage Landing Drive, 2<sup>nd</sup> Fl.  
East Syracuse, NY 13057-9360**

THE KARL, JOHN, ELIZABETH WURFFEL MEMORIAL FUND  
AND  
THE ALLIE L. SILLS MEMORIAL FUND

---

**ESTIMATE OF EXPENSES AND FINANCIAL AID FORM**

---

*This section to be completed by the applicant*

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby authorize the Financial Aid Office/Bursar=s Office of the institution named below to complete this form and to furnish the Synod of the Northeast, Presbyterian Church (USA), with the information requested in order to process my application for an interest-free loan and/or scholarship.*

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

---

*This section to be completed by the Educational Institution Representative*

To the Educational Institution:

Please be advised that the above mentioned student has applied for an interest-free student loan and/or scholarship from the Synod of the Northeast, Presbyterian Church (USA). In order for the applicant to be considered by the Synod Committee, the information requested on the reverse side of this form must be obtained. We understand that at this time your school may not have access to definite figures but we do ask that you at least provide estimates to help us establish the applicant=s Aneed@. We appreciate your time in completing this form. *Questions? Please call 1-800-585-5881*

---

*Signature of person completing form*

*Title*

*Date*

---

*Name of Educational Institution*

*Telephone No.*



2018-2019 School Year  
**FINANCIAL AID FORM**

For the Synod of the Northeast Interest-Free Student Loan/Scholarship Program

THIS FORM MUST BE SIGNED, STAMPED, AND RETURNED BY THE EDUCATIONAL INSTITUTION'S FINANCIAL AID OFFICER VIA MAIL OR FAX TO 315-446-3708.

**THIS FORM MUST BE RECEIVED NO LATER THAN APRIL 15<sup>TH</sup>, 2018.**

*Questions? Please call 1-800-585-5881*

Will the student/applicant be enrolled full-time in 2018-2019?  Yes  No

Student Status:  Dependent  Independent

Housing:  Campus  Off-Campus  Commuter

**ANNUAL COSTS**

(This column to be completed by school)

Estimated                    Actual \_\_\_\_\_

Source of information used to determine eligibility:

FAFSA \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

Cost of Tuition \_\_\_\_\_

Room & Board \_\_\_\_\_

Books & Incidental \_\_\_\_\_

Travel Allowance \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL EXPENSES \$** \_\_\_\_\_

**FINANCIAL AID**

Estimated \_\_\_\_\_ Established \_\_\_\_\_

**Grants**

College Aid \_\_\_\_\_

PELL \_\_\_\_\_

TAP \_\_\_\_\_

Other \_\_\_\_\_

**Loans**

Stafford \_\_\_\_\_

Perkins \_\_\_\_\_

Other \_\_\_\_\_

**Work Study**

Co-op Work Study \_\_\_\_\_

**TOTAL FINANCIAL AID \$** \_\_\_\_\_

**FAMILY CONTRIBUTION**

(This column to be completed by applicant)

Parent contribution \_\_\_\_\_

Student contribution \_\_\_\_\_

Spouse contribution \_\_\_\_\_

Veteran's benefits \_\_\_\_\_

Summer Employment \_\_\_\_\_

Savings \_\_\_\_\_

Gifts \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL CONTRIBUTIONS \$** \_\_\_\_\_

**FAMILY PROFILE**

Number of family members \_\_\_\_\_

Number in college full-time \_\_\_\_\_

Father's income \_\_\_\_\_

Mother's income \_\_\_\_\_

Student's income \_\_\_\_\_

Spouse's income \_\_\_\_\_

**TOTAL INCOME \$** \_\_\_\_\_

**ADDITIONAL INCOME**

Parent untaxed income \_\_\_\_\_

Student untaxed income \_\_\_\_\_

Spouse untaxed income \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL ADD'L INCOME \$** \_\_\_\_\_

**TOTAL OF ALL INCOME \$**

## **APPLICATION CHECK LIST**

Re-Application (2 pages)

Current IRS Federal Tax Returns:

Parent's (Only if dependent, Pages 1 & 2)  
 Applicant's (Only if filed independently, Pages 1 & 2)

Form A (Must be completed by student and school financial aid officer)

Essay