

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

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

Dear Applicant:

We are pleased to learn of your interest in the Synod's Interest-free Student Loan & Scholarship Programs. These programs are open to undergraduate and seminary students only. One application will apply for both programs. Please read all of the material carefully before you begin the application process. If you have any questions or problems regarding this application please do not hesitate to contact the Synod Office at (315) 446-5990, or via e-mail at Stacy.Galloway@synodne.org. Please be assured that every 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, 2020 – ALL APPLICATIONS MUST BE RECEIVED BY THIS DATE.**
- **APRIL 15, 2020 – ADDITIONAL/SUPPORTING DOCUMENTS MAY BE MAILED SEPARATELY BUT MUST BE RECEIVED BY THIS DATE.**

SUPPORTING DOCUMENTS

Form A – Financial Aid Form: This form is extremely important. The primary purpose of this form is to establish your "need" for funding. Even if you have not yet decided which school you will attend, ask a finance office representative to complete this form on your behalf. It is very likely that some colleges/seminaries will have delays in processing this information. Please explain to the finance representative that even though definite figures may not be available, estimates are acceptable. You may ask the financial aid or the bursar's office to send the completed form directly to the Synod Office via E-mail or fax, in order to meet the application deadline.

Form B – Certification of Church Membership & Pastor's Endorsement: This form is verification that you are a member of a Presbyterian Church in the Synod of the Northeast. Your participation in your church community such as outreach, leadership, and your level of faith will be taken into consideration as well as any other information written by the Pastor. If your church is currently without Pastoral leadership, or if the applicant is a member of the pastor's immediate family/ household, a designated alternate (Clerk of Session or Session Moderator) may assume responsibility for this form. Please allow enough time for the form to be completed and submitted by the April 15, 2020 deadline.

Form C – Candidates for Ministry of the Word and Sacrament: This form must be completed by individuals pursuing a career in ministry. The applicant is required to review this form with the Presbytery Committee on Preparation for Ministry Chair. If you need the name of that person, please contact your Presbytery Office or call the Synod of the Northeast. Be sure to contact the CPM Chair immediately in order to meet the April 15, 2020 deadline.

Form D - Consent to Release Information: This form must be signed by the applicant and parent (when applicable) and returned with each application.

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 unusual circumstances or special situations that the committee needs to know about when considering your 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

APPLICATION CHECK LIST

- _____ **Completed, signed application** (Including parent's signature if appropriate)
- _____ **Current 2019 IRS Federal Tax Returns:**
- _____ Parent's (If considered dependent, Only pages 1 & 2)
- _____ Applicant's (If filed/filed independently, Only pages 1 & 2)
- _____ **Form A** - Estimate of Expenses and Financial Aid Form
(**MUST** be completed by student **and** school financial aid officer)
- _____ **Form B** - Certification of Church Membership & Pastors Endorsement
- _____ **Form C** - Presbytery Endorsement (For Inquirers & Candidates Only)
- _____ **Form D** - Consent to Release Information
- _____ **Essay** - 400-500 Words explaining your faith journey and academic goals

*** * ALL APPLICATIONS MUST BE RETURNED NO LATER THAN APRIL 1, 2020 * ***

*** * SUPPORTING DOCUMENTS MUST BE RECEIVED BY APRIL 15, 2020 * ***

Incomplete applications will not be considered by the committee.

THE SYNOD OF THE NORTHEAST

5811 Heritage Landing Drive, 2nd Floor
East Syracuse, New York 13057-9360
Telephone: (315) 446-5990
Fax: (315) 446-3708

Please provide your status for the 2020-2021 school year:

Undergraduate Student - Year **1 2 3 4**
Seminary Candidate - Level / Year _____

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

INTEREST-FREE STUDENT LOAN & SCHOLARSHIP APPLICATION

For the 2020-2021 School Year

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 – 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 400-500 words, please tell us your reasons for wanting to pursue a college or seminary education and why we should consider your application for a loan and/or scholarship. In addition, we would like to know more about you personally. Tell us about your extracurricular activities and interests in school, church, and your 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/Applicant

Signature of Parent or Guardian (For those still considered dependents)

Mail* this completed application by **APRIL 1, 2020** to:
SYNOD OF THE NORTHEAST - STUDENT LOAN/SCHOLARSHIP COMMITTEE
5811 Heritage Landing Drive, 2nd Floor
East Syracuse, New York 13057-9360

*We recommend mailing this application using "Return 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, 2nd Floor
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 "need". We appreciate your time in completing this form. *Questions? Please call (315) 446-5990.*

Signature of person completing form

Title

Date

Name of Educational Institution

Telephone No.

2020-2021 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 TO THE SYNOD OF THE NORTHEAST VIA MAIL OR FAX TO 315-446-3708.

THIS FORM MUST BE RECEIVED NO LATER THAN APRIL 15TH, 2020.

Questions? Please call (315) 446-5990

Will the student/applicant be enrolled full-time in 2020-2021? ☐ 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 & Incidentals _____

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 \$ _____

FORM B

**CERTIFICATION OF CHURCH MEMBERSHIP
& PASTOR'S ENDORSEMENT**
SYNOD OF THE NORTHEAST, PRESBYTERIAN CHURCH (U.S.A.)

INSTRUCTIONS

Student/Applicant: This form is to be completed by your church's pastor. If your pastor is a member of your immediate family/household, please ask another church officer (Clerk of Session or Session Moderator) to complete this form. Please allow enough time for this form to be completed and submitted by the application deadline of **APRIL 15, 2020**.

Pastor/Clerk of Session: The student submitting this form has applied for a student loan and/or scholarship from the Synod of the Northeast. This program is open to members of the Presbyterian Church (USA) within the bounds of the Synod of the Northeast. The Certification of Church Membership is part of the application process. Please help us get to know the student better by completing this form, be sure to include any additional information you think would be pertinent. If the student is part of your immediate family, please ask another church officer to complete this form.

Name of student/applicant _____

Name of Pastor (Person completing this form) _____

Name of Church _____ PIN # _____

Church Address _____

City _____ State _____ Zip _____

Church Phone _____ Presbytery _____

The student was received into membership by the session of this congregation on:

Baptized: ____/____/____ Confirmed: ____/____/____

How long have you known this student/applicant? _____

How well do you know this student/applicant? ☐ Slightly ☐ Moderately ☐ Very Well

Has the student/applicant been ordained? ☐ Elder ☐ Deacon ☐ Congregation does not ordain youth

This student/applicant is being endorsed on the basis of: ☐ Personal visit ☐ General knowledge

ABOUT THE STUDENT

	Weekly	Monthly	Occasionally	Never	N/A
Attends worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends church school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends youth group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists/Teaches church school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as liturgist/worship leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists in nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves as usher and/or acolyte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in local mission project(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of Session/Deacon committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of church sports team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what ways has the student/applicant participated in the life of the community and church?

Discuss the ways in which the student has made an impact on the life of the congregation.

On the basis of your knowledge of the student/applicant's personal qualities, do you recommend the student for a student loan and/or scholarship from the Synod of the Northeast? ☐ YES ☐ NO

Use this space to explain any special circumstances known to you that would be helpful in the review of the application.

Signature

Date

Printed Name

Title

Please return this completed form by **APRIL 15, 2020**

Mail to: The Synod of the Northeast
Student Loan/Scholarship Program
5811 Heritage Landing Drive, 2nd Fl.
East Syracuse, New York 13057-9360

Questions? Please call (315) 446-5990

FORM C

MINISTRY OF THE WORD AND SACRAMENT CANDIDATES
SYNOD OF THE NORTHEAST, PRESBYTERIAN CHURCH (U.S.A.)

INSTRUCTIONS

Student/Applicant: All Inquirers and Candidates for the Ministry of the Word and Sacrament must review this form with their Presbytery Committee on Preparation for Ministry Chairperson. This form is to be completed and signed by the Inquirer/Candidate and the CPM Chairperson.

Presbytery Representative: The person submitting this form has applied for a scholarship and/or student loan from the Synod of the Northeast. Please sign this form after reviewing with the Inquirer/Candidate. On a separate piece of paper, please provide a letter of recommendation for the Inquirer/Candidate. Your assistance with this portion of the application is greatly appreciated and crucial to the application process.

Be sure to return this form and letter of recommendation to the address below by **APRIL 15, 2020**.

Name of Student/Applicant: _____ ☐ Inquirer ☐ Candidate

Presbytery of: _____

Are you currently under the care of Presbytery? ☐ YES ☐ NO

Persons not yet under care, please indicate date of meeting with presbytery committee _____

What type of ministry do you plan to pursue?

☐ Pastor ☐ Chaplain ☐ Governing Body Staff ☐ Christian Educator
☐ Missionary ☐ Teacher ☐ Other (Please specify) _____

Are you presently attending seminary? ☐ YES ☐ NO If YES, what year? _____

If no, when do you expect to be attending? _____

Name of seminary attending or expect to attend: _____

Seminary address: _____ City _____ State _____ Zip _____

Student/Applicant Signature

Date

Committee on Preparation for Ministry Chairperson Signature

Date

Please return this completed form by **APRIL 15, 2020**

Mail to: The Synod of the Northeast
Student Loan/Scholarship Program
5811 Heritage Landing Drive, 2nd Fl.
East Syracuse, New York 13057-9360

Questions? Please call (315) 446-5990

CONSENT TO RELEASE INFORMATION
SYNOD OF THE NORTHEAST, PRESBYTERIAN CHURCH (U.S.A.)

Dear Applicant:

Thank you for applying to The Karl, John, Elizabeth Wurffel and Allie L. Sills Memorial Funds Scholarship and Interest-free Student Loan Program.

We receive hundreds of wonderful applications and after reading and reviewing all of them, we have the difficult task of choosing only a few scholarship winners each year. We are excited when we can share the good news and announce the names of our newest winners to the Synod Assembly, in Synod communications and publications, and on our website.

Due to the Federal Privacy Act, we are required to obtain your permission before sharing your name and personal information. Please read the statements below and sign your initials by each statement that applies to you. You may choose more than one option. Your full signature and your parent/guardian's (if considered dependent) full signature is required at the bottom of this page.

_____ I give permission to the Synod of the Northeast to announce my name and personal information to the **Synod Assembly** if I am selected as a *Karl, John, Elizabeth Wurffel and Allie L. Sills Memorial Funds Scholarship and/or Interest-free loan* recipient. I understand that my "personal information" shall be limited to: my presbytery, church membership, and choice of college only.

_____ I give permission to the Synod of the Northeast to announce my name and personal information in **Synod communications, publications, and website** if I am selected as a *Karl, John, Elizabeth Wurffel and Allie L. Sills Memorial Scholarship Funds* recipient. I understand that my "personal information" shall be limited to: my presbytery, church membership, and choice of college only.

_____ I prefer to remain anonymous. *(Please be assured that your choice to remain anonymous will not affect our choice to select you as a scholarship recipient.)*

Student/Applicant Signature

Date

Parent/Guardian Signature (If considered dependent)

Date

Questions? Please call (315) 446-5990