

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. You will notice that one re-application form is used for 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 hmansfield@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

All re-application forms must be received no later than April 1st. Additional documentation and "supporting documents" (see below) may be mailed separately but must be received no later than April 15th. These deadlines are very important, as your re-application must be 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.

"SUPPORTING DOCUMENTS"

Essay: The committee reads all essays. This is your chance to tell us about yourself and it gives us a chance to 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 your faith journey and where it has taken you.
Tax Forms: A copy of your parent's and your current year tax return forms are required to verify your income (Page 1 & 2 of Federal Tax Form only.) If you did not file a tax return, please indicate that on the checklist below.

APPLICATION CHECK LIST

- _____ Re-Application, Page 1 & 2
- _____ Parent's IRS Federal Tax Return Forms-**only Pages 1 & 2. (Only if they claim you as a dependent)**
- _____ Applicant's IRS Tax Return Forms (Only if you filed)
- _____ FORM A. - Estimate of Expenses and Financial Aid Form
- _____ Essay

ALL RE-APPLICATIONS MUST BE RETURNED NO LATER THAN APRIL 1st

"SUPPORTING DOCUMENTS" MUST BE RECEIVED NO LATER THAN APRIL 15th

Incomplete re-applications will be returned to the re-applicant and will not be considered by the committee.

THE SYNOD OF THE NORTHEAST

5811 Heritage Landing Drive
East Syracuse, New York 13057-9360
Telephone: (315) 446-5990
Or (800) 585-5881

To be completed by the Re-applicant:

Undergraduate Student ~
Year 1 2 3 4
Graduate Student ~
Level / Year _____
Seminary/Candidate ~
Level / Year _____
Applying for ~
<input type="checkbox"/> Scholarship
<input type="checkbox"/> Interest-free loan

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

INTEREST-FREE STUDENT LOAN & SCHOLARSHIP APPLICATION For the 2012-2013 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 _____ D.O.B. _____

Are you considered - A Dependent Independent

If independent: Number of your dependents _____ Ages of your dependents _____

Applicant's Marital Status: Single Married Separated Divorced

Parental/Family Information – For those applicants still considered dependents

Name of Father _____

Occupation _____

Name of Mother _____

Occupation _____

Number (including yourself) in your immediate family _____

In the upcoming school year, how many immediate family members (including yourself) 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 date expected to graduate _____

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 date expected to graduate _____

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 REPSONSIBILITY 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 NOT 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
East Syracuse, New York 13057-9360

It is recommended that when mailing this re-application, you use the "Return Receipt Requested" offered by the United States Postal Service.

**2012-2013 School Year
FINANCIAL AID FORM**

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

THIS FORM MUST BE
SIGNED, STAMPED, MAILED OR FAXED (315-446-3708)
BY THE EDUCATIONAL INSTITUTION'S FINANCIAL AID OFFICER
AND MUST BE RECEIVED NO LATER THAN APRIL 15TH

Questions? Please call 1-800-585-5881

Will the student/applicant be enrolled full-time in 2012-2013? _____ Yes _____ No

Student Status: _____ Dependent _____ Independent

Housing: _____ Campus _____ Off-campus _____ Commuter

ANNUAL COSTS

(This column to be completed by school)

FAMILY CONTRIBUTION

(This column to be completed by applicant)

Estimated _____ Actual _____

Source of information used to determine eligibility:

FAFSA _____ Other _____ (specify)

Cost of Tuition \$ _____

Room & Board \$ _____

Books & Incidentals \$ _____

Travel Allowance \$ _____

Other \$ _____

_____ \$ _____

Total Expenses \$ _____

Parent contribution \$ _____

Spouse contribution \$ _____

Student contribution \$ _____

Veteran's benefits \$ _____

Summer employment \$ _____

Savings \$ _____

Gifts \$ _____

Other \$ _____

_____ \$ _____

_____ \$ _____

Total Contributions \$ _____

FINANCIAL AID

Estimated _____ Established _____

Grants

College Aid \$ _____

PELL \$ _____

TAP \$ _____

Other _____ \$ _____

_____ \$ _____

Loans

Stafford \$ _____

Perkins \$ _____

Other _____ \$ _____

_____ \$ _____

Work Study

Co-op Work Study \$ _____

Total Financial Aid \$ _____

FAMILY PROFILE

Number in family, including parents _____

Number in college full time _____

Father's Income \$ _____

Mother's Income \$ _____

Student's Income \$ _____

Total Income \$ _____

ADDITIONAL INCOME

Student untaxed income \$ _____

Spouse untaxed income \$ _____

Parent untaxed income \$ _____

Other _____ \$ _____

_____ \$ _____

Total additional inc. \$ _____

Total of all income \$ _____