

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 Program. You will notice that one application is used 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 1-800-585-5881, or via e-mail hmansfield@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

All 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 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"

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. In order to meet the deadline you may ask the financial aid office or the bursar's office to send this form directly to the Synod Office after it is completed. Again, point out the April 15th deadline.

FORM B. – Certification of Church Membership & Pastors Endorsement: This form is verification that you are a member of a Presbyterian Church in the Synod of the Northeast. The committee will be looking at your participation in your church community such as outreach, leadership, your level of faith and any other information written by the Pastor. **If your church is currently without Pastoral Leadership OR in the event that the applicant is a member of the pastor's immediate family or household, a designated alternate (ie. Clerk of Session or Session Moderator) may assume responsibility for this form.** Please note the April 15th deadline for this form also.

FORM C. – Candidates for Ministry of the Word and Sacrament: This form must be completed by those 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, you may 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 15th deadline.

(INSTRUCTION SHEET - Page 1 of 2)

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 it gives us a chance to get to know you. The essay also gives you the opportunity to tell us of any unusual circumstances or a special situation that the committee needs to know about when considering your application. It should also tell us your faith journey and where it will take 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

- _____ 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
- _____ FORM B. - Certification of Church Membership & Pastors Endorsement
(Please complete as a typed form.)
- _____ FORM C. - Presbytery Endorsement (For Inquirers & Candidates Only)
- _____ FORM D. - Consent to Release Information
- _____ ESSAY
- _____ Did you and/or your parent's sign your application?

ALL APPLICATIONS MUST BE RETURNED NO LATER THAN APRIL 1st

“SUPPORTING DOCUMENTS” MUST BE RECEIVED NO LATER THAN APRIL 15th

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

To be completed by the applicant:

Undergraduate Student ~	
Year	1 2 3 4
Graduate Student ~	
Level / Year	
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 2012-2013 School Year

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

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

When you have completed this 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 application, you use the "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
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 _____

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 1-800-585-5881*

Signature of person completing form

Title

Date

Name of Educational Institution

Telephone No.

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 \$ _____

FORM B.

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

INSTRUCTIONS

Student/Applicant
All students must submit a new church membership form each year. If your pastor is a member of your immediate family or household, please ask the Clerk of Session to complete the form.

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 for application by members of the Presbyterian Church (USA) within the bounds of the Synod of the Northeast. The Certification of Church Membership is a part of the application process.
Please complete the form and mail to the address below. If the student/applicant is a member of your immediate family, please ask another church officer to complete this form.

Name of student/applicant _____

Name of church _____ PIN # _____

Church address _____

City _____ State _____ Zip _____

Phone _____ Presbytery _____

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

Baptized: _____ / _____ / _____ Confirmed: _____ / _____ / _____

	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"/>
Assist/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	<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"/>

Has the student/applicant been ordained Elder Deacon Congregation doesn't ordain youth

This student/applicant is being endorsed on the basis of : Visit w/student General knowledge of the student How well do you know the applicant? Slightly Moderately Very Well

How long have you known this student? _____

PLEASE SUBMIT AS A TYPED FORM

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/of 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 **NO LATER THAN APRIL 15th** to:

The Synod of the Northeast
Student Loan/Scholarship Program
5811 Heritage Landing Drive
East Syracuse, New York 13057-9360
Questions? Please call 1-800-585-5881

FORM C.

Candidates for the Ministry of the Word and Sacrament ONLY

INSTRUCTIONS

Applicant

All Inquirers and Candidates for the Ministry of the Word and Sacrament must review this form with their Presbytery Representative.

Presbytery Representative

The person submitting this form has applied for a student loan/scholarship from the Synod of the Northeast. Your assistance in completing this form is crucial to the application process and is greatly appreciated. In addition, a letter of recommendation is required.

Completed forms and a letter of recommendation should be mailed to the address below. Please note that all forms must be received **no later than April 15th**.

Name of applicant _____

Inquirer or 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 and address of seminary attending or expect to attend:

Signature of Committee on Preparation for Ministry Chair

Date

Please return this completed form & letter of recommendation **NO LATER THAN APRIL 15th** to:

THE SYNOD OF THE NORTHEAST
Student Loan/Scholarship Program
5811 Heritage Landing Drive
East Syracuse, New York 13057-9360

Questions? Please call 1-800-585-5881 (FORM C. – Page 1 of 1)

FORM D.

CONSENT TO RELEASE INFORMATION

Dear Applicant:

Each April the Wurffel-Sills Committee of the Synod of the Northeast gathers to review the many wonderful applications submitted for The Karl, John, Elizabeth Wurffel Memorial Scholarship Fund. While it is very difficult to choose only three winners from the masses of applications, it is also exciting for the synod to recognize those it can assist. Part of that excitement comes from sharing the names of the newest scholarship winners. Unfortunately, with the Federal Privacy Act now in effect, we are no longer able to announce the names of those selected without their explicit permission. With that being said, we are offering each applicant the opportunity to choose from the following options:

_____ **In the event that I am selected as a Karl, John, Elizabeth Wurffel Memorial Scholarship**
(initial) **recipient, I give permission to the Synod of the Northeast to announce my name and personal information to the Synod Assembly. I understand that “personal information” shall be limited to my presbytery, church membership and choice of college only.**

_____ **In addition, I grant permission to the Synod of the Northeast to announce my name,**
(initial) **as a scholarship recipient, and to use my “personal information” in synod communications, publications and on the synod website.**

_____ **Thank you for offering this option, but I prefer to remain anonymous.** *(Please be*
(initial) *assured that your choice to remain anonymous will not affect our choice to select you as a scholarship recipient.)*

Student/Applicant Signature

Date

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

Date