

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

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

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*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 1-800-585-5881, or via e-mail [Stacy.Galloway@synodne.org](mailto: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, 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.**

**SUPPORTING DOCUMENTS**

**Form A - Financial Aid Form:** This form is extremely important. The primary purpose of this form is to establish your Aneed@ 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, 2018 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, 2018 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 CHECKLIST

\_\_\_\_\_ Completed, signed application (Including parent's signature if appropriate)

**Current IRS Federal Tax Returns:**

\_\_\_\_\_ Parent's (Only if considered dependent, Pages 1 & 2)

\_\_\_\_\_ Applicant's (Only if filed independently, Pages 1 & 2)

\_\_\_\_\_ Form A - Estimate of Expenses and Financial Aid Form  
(Completed by student and school financial aid officer)

\_\_\_\_\_ 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

**\* \* ALL APPLICATIONS MUST BE RETURNED NO LATER THAN APRIL 1, 2018 \* \***

**\* \* SUPPORTING DOCUMENTS MUST BE RECEIVED BY APRIL 15, 2018 \* \***

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

**THE SYNOD OF THE NORTHEAST COMPLETE THIS BOX**

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

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

**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 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)

When you have completed this application mail\* to:  
**SYNOD OF THE NORTHEAST - STUDENT LOAN/SCHOLARSHIP COMMITTEE**  
**5811 Heritage Landing Drive, 2<sup>nd</sup> Floor**  
**East Syracuse, New York 13057-9360**

\*We recommend mailing this 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> 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 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 & 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, 2018**.

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

Attends church school

Attends youth group

Assists/Teaches church school

Serves as liturgist/worship leader

Participates in choir

Assists in nursery

Serves as usher and/or acolyte

Participates in local mission project(s)

Member of Session/Deacon committee

Member of church sports team

Other \_\_\_\_\_

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

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

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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.

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Signature

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Date

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Printed Name

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Title

Please return this completed form by **APRIL 15, 2018**

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

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

(FORM B - Page 2 of 2)



**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, 2018**.

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, 2018**

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

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

**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 1-800-585-5881