



Pacifica Synodical Women's Organization of the Women of the ELCA Pacifica Seminarian Scholarship Fund

Scholarship Application Form

Female: Yes No New Applicant Renewal Applicant

Contact Information

Full Name: Last First M.I. Preferred Name

Address: Street Address Apartment/Unit #

City State Zip Code

Preferred Phone: () E-Mail Address:

Have you been approved for entrance in the ELCA candidacy-for-ordination process? No Yes Date Accepted:

Home Congregation Information

Home (Registering) Congregation:

Address: Street Address

City State Zip Code

Synod Name: Region No.:

Seminary Information

Have you been admitted to an accredited theological seminary in a M.Div. or other ELCA-recognized program leading to ordination in the ELCA? Yes No

Seminary Name:

Date Entered: Part-Time or Full-Time:

Program of Study: Current Year of Study:

Financial Aid Office: Financial Aid Phone: ()

Street Address

City State Zip Code

If this is not an ELCA seminary, list affiliated ELCA Seminary:

Confidential Financial Information

Annual Family Income: Under \$50,000 \$50,000-\$100,000 \$100,000-\$150,000 Over \$150,000

Number in Household: Number in household who are in college:

Applicant's own anticipated educational expenses for coming school year: \$

Total Financial Aid Received: \$ Balance Needed: \$



Describe any special circumstances affecting your ability to pay for seminary: _____

Ministry Involvement

Briefly list your involvement with ministries of the ELCA: _____

Future Ministry

Briefly describe your future ministry aspirations: _____

Future Potential Involvement with Pacifica SWO

To encourage the prayer and support of Pacifica Women, if selected as a scholarship recipient, are you willing to:

- 1. Be publicly named as a recipient? Yes No
- 2. Provide a photo of yourself that may be published in *Pacifica Partners* (the Pacifica SWO newsletter) and/or the website of Pacifica SWO? Yes No
- 3. Provide a short devotional that may be published in *Pacifica Partners* and/or the website of Pacifica SWO? Yes No
- 3. Share your ministry experiences and insights at an event sponsored by Pacifica SWO if requested and if geographically feasible? Yes No

Certification

I have completed all sections of this application, and the information provided is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Application period of March 1 to May 31, send completed applications to:

Laura Ortiz, SWO Treasurer
501 J STREET, CHULA VISTA CA 91910
(619) 823-3017 EMAIL: laurasd05@gmail.com

Application must be post-marked no later than May 31