

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](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, 2019 – ALL APPLICATIONS MUST BE RECEIVED BY THIS DATE.**
- **APRIL 15, 2019 – 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, 2019 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, 2019 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 2018 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, 2019 \*\***

**\*\* SUPPORTING DOCUMENTS MUST BE RECEIVED BY APRIL 15, 2019 \*\***

***Incomplete applications will not be considered by the committee.***

**THE SYNOD OF THE NORTHEAST**

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

Please provide your status for the 2019-2020 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 2019-2020 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, 2019** 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 "Return Receipt Requested" offered by the United States Postal Service.\*

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 "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.*

2019-2020 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 15<sup>TH</sup>, 2019.**

*Questions? Please call (315) 446-5990*

Will the student/applicant be enrolled full-time in 2019-2020?  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, 2019**.

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, 2019**

**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 (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, 2019**.

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, 2019**

**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 (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*