

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. These programs are open to undergraduate and seminary students only. Only one application is required to apply to 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 (315) 446-5990, or via e-mail Stacy.Galloway@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

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

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 new, unusual circumstances, or a special situation that the committee needs to know about when considering your re-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 2018 Federal Tax Form only) is required to verify your income. If you did not file a tax return, please indicate this on your application

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

THE SYNOD OF THE NORTHEAST

5811 Heritage Landing Drive, 2nd 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 _____

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INTEREST-FREE STUDENT LOAN & SCHOLARSHIP APPLICATION
For the 2019-2020 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 _____
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 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 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/Re-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, 2nd Fl.
East Syracuse, New York 13057-9360

We recommend mailing this re-application using "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, 2nd Fl.
East Syracuse, NY 13057-9360

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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 15TH, 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 \$ _____

APPLICATION CHECK LIST

_____ **Re-Application:** Completed, signed (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)

_____ **Essay** – 300-350 words explaining your faith journey and academic goals.