

Emmanuel Academies' Master of Divinity Degree Program



STUDENT SCHOLARSHIP APPLICATION

FOR 2021/2022 SCHOOL YEAR

Our Program will prepare you to be an ordained pastor and equip you to successfully lead congregations, pending completion of any steps required for ordination in your denomination. Selected students complete a **Master of Divinity** using the Kairos Platform of Sioux Falls Seminary (SFS).

We will work with you to attain funding and loans from various sources, including your current congregation, synod and other sources. Thanks to the support of generous donors, scholarship funding may be available through Emmanuel Academies.

To be considered for a scholarship,
please complete the application and send to
Emmanuel Academies at Beatrice@EmmanuelCommunities.org
Please call [Beatrice D'Angelo](tel:508-622-5533) at [508-622-5533](tel:508-622-5533) with questions.

- **Important: Download and save this PDF form before filling it out.**
- **Instructions for signature boxes:** if you do not have a digital signature set up, close the "Digital ID Configuration Required" box that will pop up, click on the fountain pen icon near the top of the page, and then follow the instructions to add your electronic signature.

SCHOLARSHIP APPLICATION

SECTION A: Student Identification Information (ALL INFORMATION MUST BE FILLED OUT)

Student Name: _____

Highest level of Schooling Completed: _____

Name and Location of College or Graduate School Where Currently/Most Recently Enrolled: _____ GPA: _____

Social Security #: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Mailing Address: _____
(street, apt #, city, zip)

Home Phone #: _____ Cell #: _____

E-mail: _____

Student Race: ☐ Asian ☐ Pacific Islander/Hawaiian ☐ Black/African-American
☐ Caucasian ☐ American Indian/Native American ☐ Multiracial
☐ Other _____

Student Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Is student a U.S. Citizen? ☐ Yes ☐ No **(Proof of residency/citizenship is required.)**

SECTION B: Employment Information

Student's Current Employer

Employer: _____ Work Phone: _____

Occupation: _____ Number of Years with Current Employer: _____

Work Address: _____ City: _____ ST: _____ Zip: _____

Gross Monthly Income: \$ _____

SECTION C: Household Financial Information

HOUSEHOLD INCOME VERIFICATION IS REQUIRED. Include your job(s), child support payments, and any other income, please list ALL monthly income sources. ** Please attach a copy of most recent tax return form 1040 (or other proof of income eligibility if taxes were not filed) and a copy of pay stubs for the most recent month worked.

Source of Income	Amount (\$)
Job(s)	
Child Support Income (if applicable)	
Social Security Income (if applicable)	
Other: _____	
Other: _____	
Total Monthly Income	

2020 Adjusted Gross Income (IRS Form 1040 – line 7): \$ _____

Do you have a savings account? Yes No Balance: \$ _____

How long at current address? _____

Do you own your own home? ☐ Yes ☐ No Monthly Payment \$ _____Do you rent your home? ☐ Yes ☐ No Monthly Payment \$ _____Do you live with someone without paying rent? ☐ Yes ☐ No

If yes, what is the relationship to this person: _____ How long have you lived here? _____

SECTION D: Student Information

Organizations Involved:

☐ Church: _____

☐ School Clubs: _____

☐ Community Organizations: _____

List activities, hobbies or awards you have received (church, school, community, work experience, etc.).

Describe your personality. _____

Brief Essay (200-300 words): Describe your interest in the Pastoral Leadership Degree Program. Include church and/or community involvement that has helped shape your interest in the program. What is at least one thing about yourself that you would consider a strength in leading a future congregation?

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Please add any additional information that you would like to share with us and why you feel you are eligible for this scholarship. _____

The information contained in this application is accurate, and I understand it will be shared with the Emmanuel Academies' selection committee and the implementers of the program. I understand that any false information in this application may result in loss of eligibility in the program.

Student Signature

Date

For Official Use only:

☐ Application reviewed by EA staff

☐ Eligible

☐ Not eligible

☐ Income eligibility confirmed by EA staff

Staff Signature

Staff Title

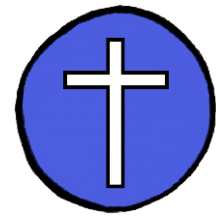
Date

Emmanuel Academies'

Pastoral Leadership Degree Program

Applicant Reference Form

To be Completed by School Personnel



Instructions for Applicant: This form is required if you attended school in the past two years. If you have been out of school more than two years, please provide a copy of transcripts from the school most recently attended and ask a supervisor or mentor to submit a reference (see page 8). **This form is to be completed by a counselor, advisor, professor, or TA who knew you well in the previous or most recent school year.**

Waiver of Access to Reference Form (Optional)

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) written by the recommender named above.

Student's Signature

Date

Instructions for Reference: You are being asked to provide information in support of this applicant for the Emmanuel Academies' Pastoral Leadership Degree Program Scholarship. This reference form is an integral part of this student's application. Please take care to complete it thoroughly and include any relevant information that may impact the award of this scholarship.

Please return completed form by email to: Beatrice@EmmanuelCommunities.org

The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is sincerely motivated to succeed scholastically.	<input type="checkbox"/> Extremely	<input type="checkbox"/> Sufficiently	<input type="checkbox"/> Moderately	<input type="checkbox"/> Fairly
The applicant demonstrates good problem-solving skills, follows through, and completes tasks.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments (attach additional sheet if needed): _____

Reference Signature

Name Printed

Date

Position

School Name

Phone Number

To be Completed by Pastor



Waiver of Access to Reference Form (Optional)

Student's Signature _____ Date _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Reference Signature	Name Printed	Date
Position	Church Name	Phone Number

Emmanuel Academies’ Pastoral Leadership Degree Program Consent for Release of Information



I, _____(name),
hereby authorize Emmanuel Academies, Inc., and its designees, including, without limitation,
volunteers, teachers, and mentors (collectively, “Designees”), to have access to my scholastic
records. This information includes but is not limited to: current and past grades, test scores,
disciplinary history, extracurricular activities, and psychological test reports.

I hereby release, discharge, and agree to hold harmless Emmanuel Academies and its Designees
from any liability related to any use whatsoever of said information contained in the scholastic
records. I understand that this release is valid for the length of time that I remain in the Emmanuel
Academies Scholarship Program and is irrevocable with respect to the information provided.

Date

Printed Name of Student

Student Signature

Address

Phone

Email