

Please read these instructions before your proceed!

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FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.



CONGREGATIONAL SUPPORT FOR CANDIDATES AT A SEMINARY

Person Seeking Candidacy: _____

Name: _____ Synod Affiliation: _____

Address: _____
CITY STATE POSTAL CODE

Our congregation has registered the above named member as one who is seeking candidacy to rostered ministry of the Evangelical Lutheran Church in America as (roster) _____

It is our intent to provide support for this member through regular communication, prayer, fellowship, leadership and worship opportunities, and the like. It is our further intent to provide financial support in the amount of: _____
for the years _____ through _____
YYYY YYYY

The financial support will be sent to the financial aid office of: _____
on or before the date of: _____
MM/DD/YYYY SEMINARY

It is our desire that the seminary financial aid office allocate these funds in the following way:

- For the general financial aid program of the seminary in providing for any student need.
- For the above-named student to the extent of his/her financial need with the remainder available for the general financial aid program of the seminary.
- For only the above-named student, regardless of financial need.

Congregation:

Name: _____

Address: _____
CITY STATE POSTAL CODE

Council President or Secretary: _____
To unlock form, right-click on signature and select Clear Signature.  Date: _____
MM/DD/YYYY

Pastor: _____
To unlock form, right-click on signature and select Clear Signature.  Date: _____
MM/DD/YYYY

Send completed form to Candidacy Committee at Synod Office.
FOR QUESTIONS CALL 773-380-2870 • WWW.ELCA.ORG/CANDIDACY