Please read these instructions before your proceed!

Instructions for filling out this form

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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 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.



SYNOD FINANCIAL SUPPORT FOR SEMINARY STUDENTS

Synod Submitting Report:			
The student(s) listed below are ca	ndidates for rostered ministry	$ ilde{v}$ in the Evangelical Lutheran	Church in America.
1. Name:	Seminary:		Amount:
2. Name:	Seminary:		Amount:
3. Name:	Seminary:		Amount:
4. Name:	Seminary:		Amount:
5. Name:	Seminary:		Amount:
6. Name:	Seminary:		Amount:
7. Name:	Seminary:		Amount:
8. Name:	Seminary:		Amount:
We request the ELCA seminary which re	ceives and administers these	funds disperse them in the fo	llowing manner:
\square For the general financial aid progr	cam of the seminary in providing	g for any student need.	
☐ For the above-named student to the program of the seminary.	ne extent of his/her financial nee	ed with the remainder available	for the general financial aid
\square For only the above-named student	t, regardless of financial need.		
In the case of students at non-ELCA sem the ELCA seminary with which they are		ent directly to the student by	the financial aid office of
For the Synod:		NAME: FIRST AND LAST	DATE: MM/DD/YYYY
Position or Title:			