

# 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](mailto: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**

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

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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.)**

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**SECTION B: Employment Information**

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**Student's Current Employer**

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of Years with Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_

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**SECTION C: Household Financial Information**

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**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: _____	
<b>Total Monthly Income</b>	

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? \_\_\_\_\_



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.

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Student Signature

Date

**For Official Use only:**

Application reviewed by EA staff

Eligible

Not eligible

Income eligibility confirmed by EA staff

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Staff Signature

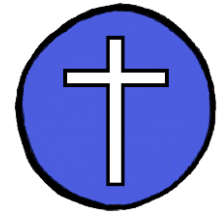
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Staff Title

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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](mailto: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

**Emmanuel Academies’  
Pastoral Leadership Degree Program  
Applicant Reference Letter**



To be Completed by Pastor

**Instructions for Applicant:** This form is to be completed by your church Pastor or Campus Minister.

**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. Your reference letter is an integral part of this student’s application. Please include how long you have known the student, their involvement with the church, and the student’s strengths and weaknesses relating to their ability to pursue contextual based distance learning and to develop as a leader within the church. **Please return completed form by email to: [Beatrice@EmmanuelCommunities.org](mailto:Beatrice@EmmanuelCommunities.org)**

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Reference Signature Name Printed Date

\_\_\_\_\_  
Position Church Name Phone Number

**Emmanuel Academies’  
Pastoral Leadership Degree Program  
Applicant Reference Letter**



To be Completed by a Supervisor or Mentor

**Instructions for Applicant:** This form is to be completed by a Supervisor or Mentor if you have been out of school for more than two years.

**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. Your reference letter is an integral part of this student’s application. Please include how long you have known the student and in what capacity. Also include the student’s strengths and weaknesses relating to their ability to pursue contextual based distance learning and to develop as a leader within the church. **Please return completed form by email to: [Beatrice@EmmanuelCommunities.org](mailto:Beatrice@EmmanuelCommunities.org)**

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\_\_\_\_\_

_____ Reference Signature	_____ Name Printed	_____ Date
_____ Position	_____ Organization	_____ 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