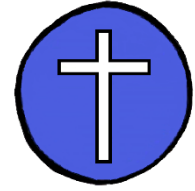


# Emmanuel Academies’ 5-Year Pastoral Leadership Degree Program



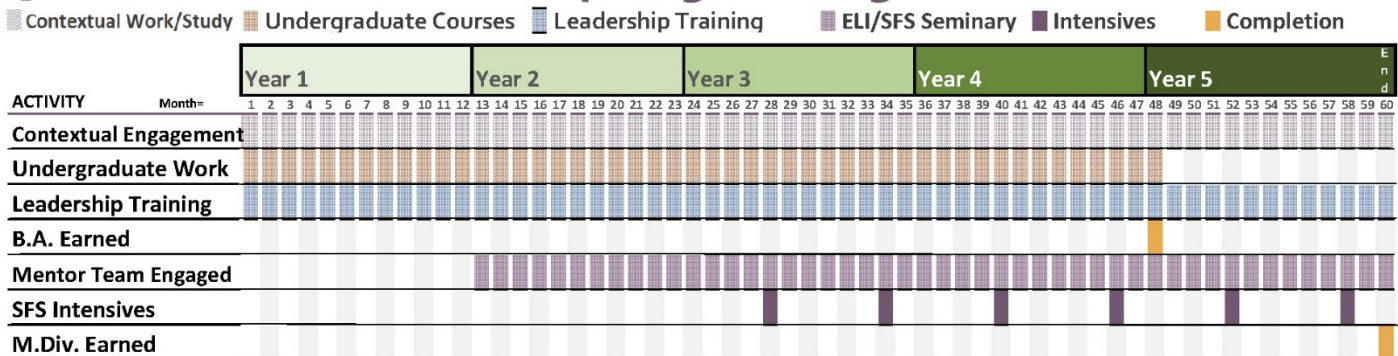
## STUDENT SCHOLARSHIP APPLICATION

FOR 2021/2022 SCHOOL YEAR

Our BA + MDiv Program will prepare you to be an ordained pastor and equip you to successfully lead congregations. Over the course of five short years, you will complete both a Bachelor’s Degree from one of our partner institutions and a Master of Divinity from Sioux Falls Seminary.

Our tuition rates will be for 1/3rd of the tuition for our partner institutions, and we will work with you to attain additional funding, loans, grants, etc. from various sources; including from Emmanuel Academies Angel Donor program.

### 5 Year Pastoral Leadership Degree Program



Please **DOWNLOAD & SAVE** application before filling out.

Once completed, please send to Emmanuel Academies at [Beatrice@EmmanuelCommunities.org](mailto:Beatrice@EmmanuelCommunities.org)

Please call [Beatrice D'Angelo at \(508\) 622-5533](tel:5086225533) if you have any questions about this application.

# SCHOLARSHIP APPLICATION

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

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Student Name: \_\_\_\_\_ Student School ID #: \_\_\_\_\_

Highest level of Schooling Completed: \_\_\_\_\_

Name and Location of HS or College Where Currently/Most Recently Enrolled: \_\_\_\_\_ GPA: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_  
(street, apt #, city, zip)

Home Phone #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Parent 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 legal residency/citizenship is required.)**

Does student have a Florida Prepaid Plan?  Yes  No

If yes, what is the account balance? \$ \_\_\_\_\_

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**SECTION B: Household Information**

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Mother's Name (First and Last Name): \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_

Father's Name (First and Last Name): \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_

Applicant lives with:     Both Parents     Mother     Father     Stepmother  
                                   Stepfather     Grandmother     Grandfather     Guardian  
                                   Ward of Court     Other \_\_\_\_\_

Number of brothers: \_\_\_\_\_      Number of sisters: \_\_\_\_\_

Language(s) Spoken at Home:    English    Spanish    Creole    Other \_\_\_\_\_

Please list all persons **living in the home** other than student/applicant:

Name	Age	Relationship	Currently Attending School?	Highest Level of Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Independent **siblings living outside the home:**

Name	Age	Relationship	Currently Attending School?	Highest Level of Education
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**SECTION C: Employment Information**

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**Parent/Guardian's Current Employer**

Name of Parent/Guardian: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

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

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

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

**Parent/Guardian's Current Employer**

Name of Parent/Guardian: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

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

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

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

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**SECTION D: 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 (\$)
Parent/Guardian's Job(s)	
Applicant's Job(S)	
Child Support Income (if applicable)	
Social Security Income (if applicable)	
Other: _____	
Other: _____	

Parent/Guardian's 2020 Adjusted Gross Income (IRS Form 1040 - line 7): \$ \_\_\_\_\_

Applicant's 2020 Adjusted Gross Income (IRS Form 1040 - line 7): \$ \_\_\_\_\_

Please check the services you currently receive:     Welfare     Food Stamps     MedicaidDo you or the student/applicant 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? \_\_\_\_\_

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**SECTION E: Student Information (to be completed by student)**

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Organizations Involved:

- Church: \_\_\_\_\_
- School Clubs: \_\_\_\_\_
- Community Organizations: \_\_\_\_\_

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

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Describe your personality. \_\_\_\_\_

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**Brief Essay (200-300 words):** Describe your interest in the 5-Year 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. \_\_\_\_\_

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**SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))**

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Apart from financial considerations, how could this program benefit your child? Please include your goals and hopes for your child's future (attach another sheet if needed). \_\_\_\_\_

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Please list all special family situations that might be relevant to school success (first generation college student, serious illness in the family, applicant is caring for family member(s), loss of employment, divorce, conflict in the household, homelessness or risk of homelessness, etc.). \_\_\_\_\_

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I understand that the information contained in this application is accurate and 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 a loss of eligibility in the program.

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Student Signature	Date	Parent/Guardian Signature	Date
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**For Official Use only:** Application reviewed by EA staff Income eligibility confirmed by EA staff Eligible Not eligible

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Staff Signature

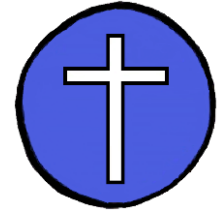
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Staff Title

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Date

# Emmanuel Academies' 5-Year Pastoral Leadership Degree Program



## Applicant Reference Form

To be Completed by School Personnel

**Instructions for Applicant:** This form is to be completed by a counselor, advisor, teacher, or principal 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' 5-Year 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’ 5-Year 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’ 5-Year 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**

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Reference Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Phone Number



**Emmanuel Academies’  
5-Year Pastoral Leadership Degree Program  
Consent for Release of Information  
For Applicants Under 18 Years Old**



I, the undersigned parent or legal guardian of \_\_\_\_\_ (name of minor child), hereby represent and warrant that I am of legal age and have all necessary legal capacity to contract for and on behalf of my child and hereby authorize Emmanuel Academies, Inc., and its designees, including, without limitation, volunteers, teachers, and mentors (collectively, “Designees”), to have access to the scholastic records of the minor child named above. This information includes, but is not limited to: current and past grades, test scores, disciplinary history, extracurricular activities, and psychological test reports of the minor.

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 my child remains in the Emmanuel Academies 5-Year Scholarship Program and is irrevocable with respect to the information provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent or Legal Guardian’s Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Emmanuel Academies’  
5-Year Pastoral Leadership Degree Program  
Consent for Release of Information  
For Applicants 18 Years Old and Older**



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 5-Year Scholarship Program and is irrevocable with respect to the information provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email