



Application for Financial Award from Southeastern Iowa Synod

Name _____

Congregation/Agency _____

Address _____

Telephone _____ Date _____

The Southeastern Iowa Synod offers financial scholarship awards for rostered members of this synod. These are for ELCA rostered leaders only. A Continuing Education Covenant is required for each. (Unless your current covenant is already on file in the synod office, attach it to this application.)

These financial awards fall into three categories:

- a) **Basic Award** – for continuing education needs where congregation/agency financial support is minimal and below synod guidelines;
- b) **Supplemental Award** – for continuing education needs where financial support meets or exceeds synod guidelines, but extra support is desired; and
- c) **Extended Study Award** – for financial assistance for those working toward advanced degree programs, special skill course(s) or sabbatical leave.

I am applying for the: Basic Award Supplemental Award Extended Study Award

signed: (check one) pastor AIM diaconal minister deaconess

Mail the completed application to the synod office (PO Box 3167, Iowa City, IA 52244)

Please choose the award that best fits your situation and fill out **only** one of the following sections.

Basic Award

- Objective: Help applicant meet the minimum annual financial support recommended by the synod for continuing education.
- Criteria: The rostered leader has less than the minimum recommended financial support for continuing education. (Normally, both the congregation or agency and the rostered person will make a minimum contribution with the intention of increasing that support each year.)
- Request: We request a Basic Continuing Education Award of \$ _____
 1. This budget year, the congregation/agency provides \$ _____ and _____ days for my continuing education.
 2. I will contribute \$ _____ toward my continuing education.

The intention of the Basic Continuing Education Award is to help the rostered leader and congregation/agency for a particular budget year. However, it is anticipated that in subsequent years the ministry partners assume more of the financial responsibility until the total dollars available to meet the synodical minimum.

Supplemental Award

- Objective: Help the applicant with continuing education needs where financial support meets or exceeds synod guidelines, but extra support is desired.
- Criteria: The rostered leader has adequate financial support, but needs some extra financial support to accomplish a continuing education aspiration.
- Request: We request a Supplemental Continuing Education Award of \$ _____
 1. This budget year, the congregation/agency provides \$ _____ and _____ days for my continuing education.
 2. I will contribute \$ _____ toward my continuing education.

The intention of the Supplemental Continuing Education Award is to help the rostered leader and congregation/ agency for a particular budget year. However, it is anticipated that in subsequent years the ministry partners will assume a greater financial responsibility until an adequate total dollar amount is reached to meet the continuing education needs of the rostered person.

Extended Study Award

- Objective: Make available supplemental financial resources for rostered leaders who desire financial assistance for work toward an advanced degree program, special skill course(s) or a time of release from normal duties in order to devote an extended time for study and renewal.
- Criteria: The rostered leader may or may not have adequate financial support, but is in need of some extra financial support to accomplish a continuing education aspiration, or a sabbatical leave. (For a sabbatical leave, the applicant is willing to take a leave of one to three months. Such leave should not be available for three to five years after a Call is extended, and further, the rostered leader agrees to serve with the congregation or agency at least one year after the leave is completed.)
- Value: Extended Study Awards range from \$500 - \$1000
- Request: I request an Extended Study Award of \$ _____
I will personally provide \$ _____
The congregation/agency I serve will provide \$ _____

Total dollars needed \$ _____

Please add a description of the objectives, events, dates, and income/expenses statement of your extended study plan or sabbatical and attach to application.