



## LCMS SCHOLARSHIP 2016-17

For Seminarians of Concordia Theological Seminary, Nagercoil (CTSN)

### INSTRUCTIONS

Please read the instructions carefully, before completing the application form IN FULL. Do not leave blank spaces. Do not copy answers. Write legibly, please.

This scholarship is being offered from the generous donations of members of the Lutheran Church—Missouri Synod, who wish to support the proclamation of the Gospel in India and throughout the world. It is intended to provide financial assistance to worthy students, for whom the expense of seminary education is particularly burdensome or prohibitive. Scholarships will be awarded based on NEEDS and MERIT.

To be eligible for this scholarship, you must be enrolled as a full-time student at Concordia Theological Seminary, Nagercoil, in preparation for pastoral ministry in the India Evangelical Lutheran Church (IELC). Scholarships will only be awarded to students whose home congregation is in good standing with the IELC.

The amount of each scholarship is the equivalent of 500 USD per year, per student. Students who have received a scholarship in the past are eligible to apply, but must complete a new application form.

With the exception of first year seminarians, an OFFICIAL TRANSCRIPT should be sent with this application, to verify the student's average grade.

Every applicant must include a FAMILY INCOME CERTIFICATE, in order to verify family income.

Applicants MUST receive ALL the signed endorsements required on this application form.

Applicants must submit scanned form and accompanying documents from THEIR OWN E-MAIL ADDRESS, by e-mail DIRECTLY to Missionary Rev. Dr. Edward Naumann: [Edward.Naumann@lcmsintl.org](mailto:Edward.Naumann@lcmsintl.org).

Applications submitted through an email address that does not belong to the applicant will NOT be accepted.

Deadline for applications for this scholarship, for the academic year 2016-17, shall be 1 September, 2016. \*\*\*LATE APPLICATIONS WILL NOT BE ACCEPTED\*\*\*

The selection of successful applicants will be made by the LCMS, and may not be appealed.

Students who are awarded a scholarship must be willing to send their photograph and a note of thanks, for LCMS media publications.

# LCMS SCHOLARSHIP APPLICATION FOR THE ACADEMIC YEAR 2016-17



## 1. Basic Information

FULL NAME \_\_\_\_\_  
DATE OF BIRTH (day/month/year) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_  
PHONE \_\_\_\_\_

NAME OF WIFE (if applicable) \_\_\_\_\_  
DATE OF MARRIAGE (day/month/year) \_\_\_\_\_  
CHILDREN'S NAMES AND AGES (if applicable)

	AGE:
_____	_____
_____	_____
_____	_____
_____	_____

DATE OF YOUR BAPTISM \_\_\_\_\_  
PASTOR AND PLACE OF BAPTISM \_\_\_\_\_

DATE OF YOUR CONFIRMATION \_\_\_\_\_  
PASTOR AND PLACE OF CONFIRMATION \_\_\_\_\_

HOME CONGREGATION \_\_\_\_\_  
SYNOD/DISTRICT \_\_\_\_\_  
CHURCH ADDRESS \_\_\_\_\_

PASTOR \_\_\_\_\_  
PASTOR'S EMAIL \_\_\_\_\_  
PASTOR'S PHONE \_\_\_\_\_  
HOW LONG HAVE YOU BELONGED TO THIS CONGREGATION? \_\_\_\_\_  
HOW LONG HAS THE PASTOR KNOWN YOU PERSONALLY? \_\_\_\_\_

## 2. Merit

When did you/will you begin seminary? \_\_\_\_\_

What year of seminary for you is the academic year 2016-17? \_\_\_\_\_

What is your average grade? \_\_\_\_\_  
(include official transcript, except first-year seminarians)

3. Financial Need

YEARLY FAMILY INCOME \_\_\_\_\_  
(Include certificate)

APPROXIMATE VALUE OF FAMILY ASSETS \_\_\_\_\_

4. Short Essays.

DESCRIBE BRIEFLY YOUR FAMILY, CULTURAL AND RELIGIOUS  
BACKGROUND \_\_\_\_\_

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DESCRIBE BRIEFLY WHY YOU WANT TO BE A PASTOR \_\_\_\_\_

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5. Personal Bank Account Information

Please supply the details of your bank account, into which the LCMS may deposit the amount of your scholarship. This information will be treated confidentially, and used only for the purpose of delivering awards to successful applicants.

Account Holder's Name: \_\_\_\_\_  
(must be seminarian's own name)

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

SWIFT Code: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

6. Signatures of Sponsors (NOT to be completed by student)

PASTOR OF HOME CONGREGATION

NAME \_\_\_\_\_

I hereby affirm that this student is a member in good standing of my congregation and I approve support for his training for the pastoral ministry.

Signed: \_\_\_\_\_

IELC TREASURER REV. VIJAYAKUMAR

I hereby affirm that this congregation is in good standing in the IELC, and that they pay their due assessments to the legitimate administration of the IELC.

Signed: \_\_\_\_\_

PRINCIPAL OF CTSN, REV. DR. MONIKA RAJ

This student is enrolled at CTSN, and the information on his application is correct.

Signed: \_\_\_\_\_

APPROVED BY PRESIDENT OF \_\_\_\_\_ SYNOD/DISTRICT

NAME: \_\_\_\_\_

Signed: \_\_\_\_\_

Checklist

Before you submit your application via e-mail to [Edward.Naumann@lcmsintl.org](mailto:Edward.Naumann@lcmsintl.org), now check that you have the required information and documents:

- FULLY Completed Application Form
- Bank Account Information
- Signatures
- Family Income Certificate
- Official Transcript (except first year applicants)