

APPLICATION FORM

RACIAL ETHNIC THEOLOGICAL EDUCATION SCHOLARSHIP

Racial Ethnic Pastoral Leadership Program (REPL)

Synod of Southern California and Hawaii

Presbyterian Church (U.S.A.)

213-483-3840 or Email: *ntucker@synod.org*

Synod Web Page: *www.synod.org*

APPLICATION DEADLINE: OPEN
(Please Type or Write Legibly With Pen)

Academic Year: _____ Date of Application _____

Church in which you are a member _____

Pastor's Name _____

Address _____

City _____ Zip _____

Name of Presbytery in which you are an inquirer or candidate _____

Please indicate Academic Tract: () M.Div. () Comm. Lay Pastor () Cert. Christian Educator
() Other: Please indicate _____

Is this your first REPL Application? _____ If not, how many years have you received a
REPL scholarship? _____

PART I: PERSONAL INFORMATION

Name _____ Phone _____
Last Name Title First Name Middle Name FAX _____
(Mr. Ms. Mrs. Rev. Dr.) E-mail _____

Mailing Address _____
Number & Street City State Zip Code

Date of Birth ___/___/___ Age ___ Single () Married () Divorced () Other _____

Ages of Children _____ List Other Dependents _____

Name of Seminary _____

Seminary Address _____

Seminary Degree or Certificate Program _____ Year in Seminary _____

Projected Graduation Date _____

Are you a () full time or () part time student?

What does your seminary consider a full time / part time academic load? _____
(Number of units per term?)

What is the number of units you will be taking per term? _____

What is your grade point average? _____ **Please submit a copy of your current Transcript**

PART II: FINANCIAL STATEMENT

Estimated Annual Income:

(You may wish to consult your school catalog or school officials for estimated expenses)

Sources: **Please be specific.** NOTE: **If you have multiple sources of scholarships or grants, please list on separate sheet and show total below.**

1. Scholarships/Grants (**do not include REPL**): Pending () Approved () = \$ _____
Source of Scholarship(s)/Grants _____
 2. Loans: Pending () Approved () = \$ _____
Source of Loan(s) _____
 3. Work (Self) Annual Income: Full Time () or Part Time () = \$ _____
 4. *Work (Spouse) Annual Income: Full Time () or Part Time () = \$ _____
 5. Gifts / Donations: Family and Others _____ = \$ _____
- Total Annual Income:** (Total of lines 1 thru 5) = \$ _____.

Estimated Annual Expenses: Please be specific (*Include expenses of spouse if employed)

1. Tuition = \$ _____
 2. Books, Materials, etc. = \$ _____
 3. Housing = \$ _____
 4. Food = \$ _____
 5. Transportation = \$ _____
 6. Insurance (medical, Auto, etc.) = \$ _____
 7. Taxes (from income) = \$ _____
 8. Other Expenses, incl. Loan payments = \$ _____
- Total Annual Expenses:** (Total of lines 1 thru 8) = \$ _____.

PART IV: PRESBYTERY RECOMMENDATION OR
SESSION RECOMMENDATION IF NOT YET UNDER CARE OF PRESBYTERY

**For Applicant: The Application must be signed by
one of the appropriate persons listed below:**

Please send the completed form for signature to the Moderator of your Presbytery Committee on Preparation for Ministry, the Committee on Ministry, or to the Clerk of Session, as appropriate.

**FOR PRESBYTERY COMMITTEE ON PREPARATION FOR MINISTRY
OR COMMITTEE / COMMISSION ON MINISTRY**

Note: *If applicant is preparing for Commissioned Ruling Elder (CRE), Certified Christian Educator, or other forms of approved ministry, and is not under care of the Presbytery, then the Clerk of Session must sign the application indicating approval by the Session.*

The student is an () Inquirer, a () Candidate for Teaching Elder - or preparing for () Commissioned Ruling Elder (CLP), () Or Other, Please indicate _____
() The student is not yet under care of presbytery. Will apply (Date) _____

Please state below the recommendation for the applicant:

The CPM () COM () or Session () recommends the student for a scholarship: () Yes () No

Comments: _____

Signature _____

Position in Presbytery (or Session) _____

Name of Presbytery (or Session) _____

Date _____

Name of CPM or COM Moderator _____

Or Name of Clerk of Session if not yet under care of Presbytery: _____

Address _____ City _____ Zip _____

Phone () _____ E-mail _____ FAX _____

PLEASE SEND THE COMPLETED AND SIGNED FORM TO:

**Racial Ethnic Pastoral Leadership Committee
Synod of Southern California and Hawaii
Attn: Rev. Narcissis Tucker Bishop, Coordinator
E-mail: ntucker@synod.org**

**14225 Roscoe Blvd., Panorama City, CA 91402
(213) 483-3840 x 110 Fax (818) 891-0212**

FOR OFFICE USE ONLY: Interview Date: _____ Action: _____
Amount: _____ Date Check Requested _____ Date Issued: _____