APPLICATION FORM – Parts I, II, and III

# The Rev. Dr. Leon E. Fanniel

# RACIAL ETHNIC THEOLOGICAL EDUCATION SCHOLARSHIP

Racial Ethnic Pastoral Leadership Program (REPL)

Synod of Southern California and Hawaii

Presbyterian Church (U.S.A.)

**Rev. Narcissis Tucker Bishop, Coordinator**

**Email:** **ntucker@synod.org**

**Synod Web Page**: <https://www.synod.org>

**Synod Contact (via the Business Manager:** **businessmanager@synod.org**

**APPLICATION DEADLINE: ENROLLMENT IS OPEN. SUBMIT AT ANY TIME.**

***Electronic fill-in; place cursor in first space; tab/cursor to subsequent items. Space will expand to fit. The form has multiple pages; please continue until you reach the “Finally” instructions.***

Academic Year:       Date of Application

Church in which you are a member

Pastor’s Name

Address

City       State       Zip

Name of Presbytery in which you are an inquirer or candidate

Please indicate: [ ]  M.Div**. |**  [ ]  Commissioned Lay Pastor **|**  [ ]  Certified Christian Educator

Academic Track: [ ]  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:

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

Mailing Address

 Number & Street; City; State; Zip Code

Date of Birth       | [ ]  Single **|**  [ ]  Married  **|** **[ ]** Partner **|**  [ ]  Divorced **|**  [ ]  Widowed

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 your will be taking per term?

What is your grade point average?
***Please submit a copy of your current official transcript. If available, you may submit it when you email this application. If not, please send as soon as possible. Please see*** [***the* INFO SHEET**](https://synod.org/REPL/index.html) ***if there is no transcript available.***

**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 \*and show total below**

|  |  |
| --- | --- |
| ***The “Total” column is auto-calculating.*** | **If not applicable write 0** |
| 1. Scholarships/Grants **(do not include REPL)**: [ ] Pending  **|** [ ]  Approved  |       |
|  Source of Scholarship(s) / Grants:  0 |
| 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 |       |
| 6. Other (Briefly describe)        |       |
| **Total Annual Income:** (Total of lines 1 thru 6; form auto-calculates)  | $ 0.00 |
|   |  |

**\*** If multiple sources of scholarships or grants are included in the total above, please list those sources here; you may write in as much as you need to:

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

|  |  |
| --- | --- |
| ***This “Total” column is also auto-calculating.*** | **If not applicable write 0** |
| 1. Tuition: |       |
| 2. Books, Materials, etc : |       |
| 3. Housing: |       |
| 4. Food: |       |
| 5. Transportation: |       |
| 6. Insurance (Medical, Auto, etc.): |       |
| 7. Taxes (from income): |       |
| 8. Other Expenses, including loan payments: |       |
| **Total Annual Expenses:** (Total of lines1thru 8)  | **$** **0.00** |
|  | **Form continues . .**  |

**PART III: GOALS AND OBJECTIVES**

**Please answer the following questions.
Write as much as you wish; text boxes will expand to fit.**

***(Note: Detailed answers are necessary for the review of your application)***

1. What are your personal goals for this academic year?

1. What is (are) your objective (s) in education? Have they changed since your first application?

1. What is (are) your vocational objective (s)?

1. Have your vocational objective(s) changed since your last application?
If yes, how? **(*Answer only if you have applied before*)**

1. Are you willing to serve in a Racial Ethnic or Multicultural congregation?\_

If “yes”, please state how this applies to your vocational objectives in #3 above:

**PART IV**

The final section of this application is your Presbytery (Session) Recommendation. **Download a copy of the Part IV Form from the** [**synod.org**](http://synod.org/#repl) **website and e-mail it to your recommendation source with your request to complete it and return as soon as possible, as your application cannot be processed until all four parts are available.**

**FINALLY:**

**PLEASE EMAIL THIS COMPLETED AND SIGNED FORM (Parts I, II, III and transcript if available) TO:**

##### Racial Ethnic Pastoral Leadership Committee

**Synod of Southern California and Hawaii**

**Attn: Rev. Narcissis Tucker Bishop, Coordinator**

**E-mail:** **ntucker@synod.org**

**SYNOD MAILING ADDRESS, for your reference:**

## Synod of Southern California and Hawaii

## 8939 S Sepulveda Blvd. Ste 110 #250

## Westchester, CA 90045

## (It is necessary to include the Synod's name in the address )

##

**FOR OFFICE USE ONLY:** Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_ Action: \_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_ Date Check Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued:\_\_\_\_\_\_\_\_\_\_\_

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