**Synod of Lakes and Prairies**

Racial Ethnic Preparation

For

Leadership Scholarship Fund

The Racial Ethnic Scholarship Fund is an educational assistance program designed to encourage Racial Ethnic students to complete their college education and graduate with an academic degree to prepare for life-long employed, elected or volunteer service.

Funds for this program are provided by the Committee on Racial Ethnic Ministry, Synod of Lakes and Prairies, Presbyterian Church (U.S.A.)

Please direct your questions to:

**Committee on Racial Ethnic Ministry**

Synod of Lakes and Prairies

2115 Cliff Drive

Eagan, MN 55122

Phone: 1-800-328-1880, X204 or X202

Fax: 651-357-1141

gmilloy@lakesandprairies.org

**Deadline: September 30, 2020**

Applicants must be:

1. **Racial Ethnic students whose permanent residence is in the Synod of Lakes and Prairies**
2. **Active members in a congregation of the Presbyterian Church (USA)**
3. **Enrolled at least half-time and in good academic standing**
4. **Making progress toward a degree**
5. **Able to demonstrate financial need**

Applications will be evaluated, and awards selected based on information supplied on this form and the pastor's and teacher's recommendations. Students must be able to demonstrate their preparation for leadership in a variety of roles. Winning consideration will focus on academic achievement and personal qualities reflected in church, school, and community activities.

If you are interested in this scholarship program, all necessary admissions and financial aid forms for the school where you are a current student must be completed. It is your responsibility to be sure that the required transcript, financial aid statement and letters of recommendation are submitted by the deadline to our committee with your scholarship application. Please return a completed application. Incomplete applications will not be considered.

All applicants will be notified by the committee if they have been chosen for an award or not. The scholarship awards may only be used toward educational costs and will be paid directly to the school. The grant is a supplement to any other financial aid received by the student and becomes a part of the total financial aid package.

Racial Ethnic Scholarship Application

**Part I** (To be completed by the applicant)

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full legal name: | | (last) | | | | | | (first) | | | | | (middle) | |
| Home Mailing Address: (Street & Number) | | | | | | | | | | | | | | |
| (City)  (Home Phone)    -   - | | | | | (State)  (Mobile Phone)    -   - | | | (Zip)      - | | | |  | | |
| Current address, if different from above: (street & number) | | | | | | | | | | | | | | |
| (City) | | | | | (State) | | | (Zip)      - | | | | (Phone)    -   -  (Mobile)    -   - | | |
| E-mail: | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Social Security Number (optional) or Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birth Date (optional)   /  / | | | | | | | | Male:  Female:  Prefer not to disclose: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Self-Identification) | |
|  | |  | | | | | |  | | | | |  | |
| Racial Ethnic Background | | | | | | | | | |  | | | | |
|  | | |  | | | | |  | | | | |  | |
| American Indian tribe (if applicable) | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | |  | |
| Marital Status: | | Married | | Single | | Other | | | Ages of dependent children | | | | | |
|  | | |  | | | | |  | | | | |  | |
| Church of Membership at: | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | |  | |
| Church Address | | | | | | | City: | | | | State: | | | Zip      - |
|  | | |  | | | | |  | | | | |  | |
| Presbytery: | | | | | | | | Synod: | | | | | | |
|  | | |  | | | | |  | | | | |  | |
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**COLLEGE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College or Seminary: | | | | | | | | Phone :    -   - | | |
|  | |  | | |  | | | |  | |
| Address | | | | City: | | | | State: | | Zip      - |
|  | |  | | |  | | | |  | |
| Year in College \_\_1st \_\_2nd \_\_3rd \_\_ 4th \_\_\_Other | | | | or | Year in Seminary | | | | | |
|  | |  | | |  | | | |  | |
| Enrolled: (full time) | | (half time or more) | | | | Semester hours or credits this term: | | | | |
|  | |  | | |  | | | |  | |
| I plan to live | (at home) | | (on campus) | | | | (off campus) | | | |
|  | |  | | |  | | | |  | |
| What is your declared major field of study? | | | | | | | | | | |
|  | |  | | |  | | | |  | |
| Special circumstances: | | | | | | | | | | |
|  | |  | | |  | | | |  | |
|  | |  | | |  | | | |  | |

**EXTRA-CURRICULAR ACTIVITIES, SERVICE EXPERIENCE & HONORS**

|  |  |  |
| --- | --- | --- |
| **Include Church, School and Community Positions** | | **Date of Participation** |
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**STUDENT PATHWAY TO LEADERSHIP**

(From options below, check what is most correct for you and complete that section)

**A. Preparation/Continuation for professional or volunteer leadership in church and community:**

My vocational goal is to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am also interested in serving as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how your education prepares you for these leadership roles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently involved in or working as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Preparation for Ministry**

□I am currently enrolled as an Inquirer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□I am under care as a Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□I am not under care but intend to discuss the process toward ordination with the Committee on Preparation for Ministry in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□I am an Ordained Minister and member in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□None of the above

**C. Preparation for Commissioned Service**

□I am currently serving as a Commissioned Pastor in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□I am seeking to become a Commissioned Pastor in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presbytery

□None of the above

**STUDENT EXPRESSION AND VALUES**

**ESSAY QUESTIONNAIRE**

Please write your responses to the two questions below on a separate page. Each essay must have a minimum of 250 words and maximum of 500 words in length.

□ 1. How would you create a more inclusive and culturally diverse academic experience for American Indian and other students of color to achieve success?

□ 2. What insight and challenges have you discovered during recent events at this time of the COVID pandemic and the killing of George Floyd in Minneapolis on Memorial Day, May 25, 2020.

**SYNOD OF LAKES AND PRAIRIES COMMITTEE ON RACIAL ETHNIC MINISTRY SCHOLARSHIP APPLICATION**

**Part II (**Must be completed by a financial aid officer and will not be accepted if submitted by student.)

**FINANCIAL INFORMATION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Financial Aid Officer (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Budget for School Year: 2020-2021**

1. Cost of Education (Please use annual cost to determine student’s financial aid)

Tuition and Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books and Supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dorm Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Off Campus Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total of A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Personal Resources

Parent Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total of B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Assessed Need (A minus B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

D. Total Financial Aid

Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Indian Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stafford \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perkins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total of D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. Unmet Need (C minus D) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

F. Educational Debt of Previous Loan(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Financial Aid Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

Phone: - - E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deadline for Scholarship applications: September 30, 2020. Send form to the Synod of Lakes and Prairies via Email [gmilloy@lakesandprairies.org], Fax [651-357-1141] or hardcopy [2115 Cliff Dr, Eagan, MN 55122].

**Part III** (To be completed by the pastor)

**Racial Ethnic Student Scholarship Fund**

Committee on Racial Ethnic Ministry

**Pastor’s Recommendation**

**To the Student:**

Please fill out the top portion of the recommendation page and give a copy to your pastor along with the appropriate reference form on the next page well in advance of the scholarship deadline.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s name: | (last) | | | (first) | | | (middle) | |
|  |  | | |  | | |  | |
| Mailing address: (street & number)       (email) | | | | | | | | |
|  | | | | | | | | |
| (city) | | (state) | | (zip)      - | | (phone)    -   - | | |
|  | |  | |  | |  | | |
| School: | | | | | | | | |
|  |  | | |  | | |  | |
| (city) | | | (state) | | (zip)      - | | |  |
|  | |  | |  | | | |  |

**To the Pastor:**

This student is applying for the Racial Ethnic Scholarship of the Synod of Lakes and Prairies of the Presbyterian Church (U.S.A.). The award is designed to encourage racial ethnic students preparing for professional and volunteer leadership roles. Since the application cannot be evaluated until this form has been received, both the student and the Committee on Racial Ethnic Ministry would appreciate a prompt reply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pastor’s name: | (last) | | (first) | | | |
|  |  | |  | |  | |
| Mailing address: (street & number)       (email) | | | | | | |
|  | | | | | | |
| (city) | | (state) | (zip)      - | (phone)    -   - | | |
|  | |  |  |  | | |
| Church: | | | | | | |
|  | |  |  | | |  |

NOTE: When the applicant is the child or spouse of the minister, the form must be completed by an associate minister or church officer. If the church is without a minister, the form may be completed by the Clerk of Session.

**Deadline for Receipt of Scholarship applications: September 30, 2020**

Mail completed form to: The Synod of Lakes and Prairies via Email [gmilloy@lakesandprairies.org], Fax [651-357-1141] or hardcopy [2115 Cliff Dr, Eagan, MN 55122].

**Racial Ethnic Student Scholarship Fund**

Administered by

Committee on Racial Ethnic Ministry

**Pastor’s Reference Form**

|  |
| --- |
| Name of Student: |

|  |
| --- |
| In what capacity have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please provide a letter of reference describing the student’s qualities of character, leadership and outstanding contributions: |
|  |

|  |  |  |
| --- | --- | --- |
| Name of person completing this form: | | |
|  | | |
| Pastor | Clerk of Session | Other Church Officer |
|  | | |
| Date:    /   / | | |

**Deadline for Receipt of Scholarship applications: September 30, 2020**

Mail completed form to: The Synod of Lakes and Prairies via Email [gmilloy@lakesandprairies.org], Fax [651-357-1141] or hardcopy [2115 Cliff Dr, Eagan, MN 55122].

**Part IV** (To be completed by the teacher)

**Racial Ethnic Student Scholarship Fund**

Committee on Racial Ethnic Ministry

**Teacher’s Recommendation**

**To the Student:**

Please fill out the top portion of the recommendation page and give a copy to your teacher along with the appropriate reference form on the next page well in advance of the scholarship deadline.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s name: | (last) | | | (first) | | | (middle) | |
|  |  | | |  | | |  | |
| Mailing address: (street & number)       (email) | | | | | | | | |
|  | | | | | | | | |
| (city) | | (state) | | (zip)      - | | (phone)    -   - | | |
|  | |  | |  | |  | | |
| School: | | | | | | | | |
|  |  | | |  | | |  | |
| (city) | | | (state) | | (zip)      - | | |  |
|  | |  | |  | | | |  |

**To the Teacher:**

This student is applying for the Racial Ethnic Scholarship of the Synod of Lakes and Prairies of the Presbyterian Church (U.S.A.). The award is designed to encourage racial ethnic students preparing for professional and volunteer leadership roles. Since the application cannot be evaluated until this form has been received, both the student and the Committee on Racial Ethnic Ministry would appreciate a prompt reply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Teacher’s name: | (last) | | (first) | | | |
|  |  | |  | |  | |
| Mailing address: (street & number)       (email) | | | | | | |
|  | | | | | | |
| (city) | | (state) | (zip)      - | (phone)    -   - | | |
|  | |  |  |  | | |
| School: | | | | | | |
|  | |  |  | | |  |

NOTE: When the applicant is the child or spouse of the teacher, select a classroom teacher to whom you are not related.

**Deadline for Receipt of Scholarship applications: September 30, 2020**

Mail completed form to: The Synod of Lakes and Prairies via Email [gmilloy@lakesandprairies.org], Fax [651-357-1141] or hardcopy [2115 Cliff Dr, Eagan, MN 55122].

**Racial Ethnic Student Scholarship Fund**

Administered by

Committee on Racial Ethnic Ministry

**Teacher’s Reference Form**

|  |
| --- |
| Name of Student: |

|  |
| --- |
| In what capacity have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please provide a letter of reference describing the qualities of this student’s character, leadership and outstanding contributions: |
|  |

|  |  |
| --- | --- |
| Name of person completing this form: | |
|  | |
| Teacher | School: |
|  | |
| Date:   /   / | |

**Deadline for Receipt of Scholarship applications: September 30, 2020**

Mail completed form to: The Synod of Lakes and Prairies via Email [gmilloy@lakesandprairies.org], Fax [651-357-1141] or hardcopy [2115 Cliff Dr, Eagan, MN 55122].

**COMPLETION OF SCHOLARSHIP APPLICATION**

**PART V TRANSCRIPT**

Students must authorize the school to send a copy of their transcript to the Synod office.

*□I have requested the appropriate school officials to release a transcript of my current grades and financial aid information to: The Committee on Racial Ethnic Ministry, Synod of Lakes and Prairies, 2115 Cliff Drive, Eagan, MN 55122, Fax 651-357-1141 or email to gmilloy@lakesandprairies.org*

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Check List** | **Completed & Attached** | **Requested** |
|  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Part I Student Information | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Part II Financial | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Part III Pastor’s Recommendation | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Part IV Teacher’s Recommendation | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Part V Official Transcript | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |

*□*I declare that the information given by me on this form is true, correct, and complete to the best of my knowledge.Incomplete applications will not be considered.

**Deadline for Receipt of Scholarship applications: September 30, 2020**

**Mail or Fax completed application and transcripts to**:

Committee on Racial Ethnic Ministry

Synod of Lakes and Prairies,

2115 Cliff Drive

Eagan, MN 55122-3327.

Fax: 651-357-1141

**E-mail completed form to:** [**gmilloy@lakesandprairies.org**](mailto:gmilloy@lakesandprairies.org)