

**Clinical Educator Scholarship  
ELCA Educational Grant Program**  
**Division for Ministry  
Evangelical Lutheran Church in America**  
**APPLICATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

S.S. # \_\_\_\_\_

Roster Status:  Associate in Ministry  Clergy  Deaconess  Diaconal Minister

Current Position \_\_\_\_\_ Phone \_\_\_\_\_

Training Site \_\_\_\_\_ Address \_\_\_\_\_

Training Supervisor \_\_\_\_\_

**THE FOLLOWING DOCUMENTS OR STATEMENTS MUST BE ATTACHED TO THIS FORM**

1. Personal Data Form (complete as much as is applicable).
2. Letter from bishop of your synod of roster providing evidence of roster standing and support to participate in a clinical educator training program.
3. Statement of the nature of the training program and how it fits into both long and short range goals for your ministry.
4. Statement of acceptance and contract from a training supervisor.
5. Documentation of the fees, tuition costs, and other direct educational expenses related to the training process. (If not a formal training program, a letter indicating the contractual training arrangement and fees.)
6. A statement explaining financial need. All grant requests exceeding direct educational costs REQUIRE detailed statement of income and expenses.
7. Supervisory and self-evaluations from previous clinical education programs, including units of CPE and/or pastoral counseling training experiences.
8. If presently serving in a ministry under call, a letter stating the extent to which financial support and/or compensatory time will be provided by the congregation or employing organization for this training.
9. Evidence of SPC Endorsement status, or an explanation of current situation and statement of intent to seek SPC Endorsement when appropriate. A recommendation for scholarship assistance from an Area SPC Consultation Committee may be required.

**CATEGORY FOR GRANT REQUEST**

A. CPE Supervisory Training  B. Pastoral Counseling Supervisory Training

C. Other Clinical Educator Training (specify) \_\_\_\_\_

**ELCA EDUCATION GRANT** Amount Requested \$ \_\_\_\_\_ Amount Granted \$ \_\_\_\_\_

**NOTE:** Application deadlines are September 21 and March 21. Applicants will be informed 3-4 weeks following receipt of **all** application materials. Recipients may reapply annually.

**Please attach the required documents to this form and submit to:**

**Ministries in Chaplaincy, Pastoral Counseling and Clinical Education (MCPC)  
Division for Ministry, ELCA  
8765 W. Higgins Road  
Chicago, Illinois 60631-4195  
1-800-638-3522, ext. 2876 FAX 773-380-2829  
email: [Theresa\\_Duty@elca.org](mailto:Theresa_Duty@elca.org)**