



**“Give Something Back” Scholarship
Inter-Lutheran Coordinating Committee
For Ministries In
Chaplaincy, Pastoral Counseling and Clinical Education**

APPLICATION FORM

Date: _____
Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-Mail: _____
Roster Status: _____
Current Position: _____
Training Site: _____
Training Supervisor: _____

**THE FOLLOWING INFORMATION MUST BE TYPED
AND ATTACHED TO THIS APPLICATION**

1. Provide a statement of vocational goals for pursuing ministry in chaplaincy; pastoral counseling or clinical education, which should include a timeline for ecclesiastical endorsement and professional certification.
2. A letter of recommendation and acknowledgement of your roster status from your Bishop/District President.
3. A letter of recommendation from your clinical pastoral or pastoral counseling supervisor indicating acceptance into a clinical pastoral training program.
4. Complete the financial Data Form.

Amount Requested: \$ _____

For Committee Use ONLY
Amount Granted: \$ _____

Scholarships will be made on the basis of commitment to ministries in chaplaincy, pastoral counseling and clinical education and demonstration of financial need. Scholarships are limited to \$3,000 per request.

Application deadlines are February 15th and August 15th with awards made in April and November.

Submit completed application to:

ELCA Ministries in Chaplaincy, Pastoral
Counseling and Clinical Education
8765 West Higgins Road
Chicago, IL 60631

or

LCMS Specialized Pastoral Ministry
1333 South Kirkwood Road
St. Louis, MO 63122