StSW Scholarship Application Form

- **Full Name:** _____
- **Email Address:** _____
- **Cohort Year:** (e.g., Cohort 2025) _____
- **Denominational Affiliation:**
    - [ ] ELCA (Nebraska Synod)
    - [ ] ELCA (Other Synod: _____)
    - [ ] Non-ELCA
- **Congregation Name & City:** _____

Semester/Term	(e.g., Fall 2026, 1st Semester Tuition)
Amount Requested	$_____
Type of Request	[ ] One-time Grant [ ] Multi-semester Commitment

Please briefly describe your current financial situation or any specific challenges (e.g., job transition, tuition burden) that make this scholarship necessary for your continued participation in the cohort.

Payment Preferences

If a full scholarship is not available, would you be interested in a structured payment plan?

- [ ] Yes, I would prefer monthly installments.
- [ ] No, I am only seeking a direct scholarship grant.