

Synod Student Study Grant

A grant committed to education and a theology of vocation

The Synod of the Trinity | 3040 Market Street, Camp Hill, PA 17011 | 717-737-0421 | office@syntrinity.org

The ministry of the Synod of the Trinity is guided by our Ends.

Key to Synod Student Study Grants are two of our Secondary Ends:

*“Nurturing relationships within the larger church for the purpose of greater witness”
and “Fostering conversation and action for the promotion of social righteousness.”*



Grant Description

The Synod of the Trinity's Undergraduate and Graduate scholarship funding is a response to our Reformed tradition's commitment to education and to its theology of vocation. Briefly stated, our tradition values knowledge of self, others and the world as integral to gaining knowledge of God. Thus, commitment to education lies at the core of our affirmations and efforts. Moreover, such integrated knowledge enables each of us to grasp the calling, the vocation which God invites us to embrace. To paraphrase Frederick Buechner, *we individually discover God's calling when our heart's deepest gladness intersects with meeting a profound need of the world.* These action/ reflection grants are intended to reflect this theological understanding of education and discovery.

1. Grants are available to:
 - a. *Undergraduate students* who are members of Presbyterian Church (U.S.A.) congregations **within the bounds of the Synod of the Trinity.**
 - b. *Graduate students* who are members of Presbyterian Church (U.S.A.) congregations within the bounds of the Synod of the Trinity and are preparing for church-related vocations at an accredited seminary.
2. Due to certain fund restrictions utilized for these grants, special consideration for portions of the funds available will be given to:
 - a. Seminary students residing in Pennsylvania (relates to a portion of the graduate student funding)
 - b. Children of minimally salaried clergy (relates to undergraduate funding)
3. Primary consideration will be given to group experiences provided by an accredited Reformed seminary, PC(U.S.A.) related college or university, PC(U.S.A.) campus ministry program, or led by a leader with an understanding of Reformed theology.



DEADLINE FOR GRANT APPLICATIONS

**March 1,
June 1,
November 1**

SYNOD STUDENT STUDY GRANT

APPLICATION FORM

Please complete this on-screen fillable form by downloading it to your desktop. When completed, print the form, sign where designated, then mail to The Synod of the Trinity. You are encouraged to contact Chantal Atnip or Susan Wonderland at 717-737-0421 if you have questions.

For Office Use Only:		
Date Received _____		
Date Reviewed _____		
Date Notification _____		
Yr _____	Type _____	App# _____

GRANT APPLICANT'S INFORMATION

Applicant's First and Last Name

Street Address

City

State

Zip

Email Address

Home Phone

Cell Phone

School

Degree

Graduation Date

GRANT APPLICATION TYPE - Check One

Undergraduate Funding

Graduate Funding

AFFILIATION INFORMATION

Name of your PC(USA) Church

Church Address

Name of your PC(USA) Presbytery

STUDY EXPERIENCE INFORMATION

Name of Experience

Location

Start Date

Finish Date

Name of Sponsoring Institution or Organization

Group Leader's Name

Email Address

Phone

Address: Street

City

State

Zip

Leader's Church, Denomination or Institutional Affiliation

Leader's Role: Please Choose One

Paid Member or Staff

Volunteer

Please describe in detail the nature of the experience and the reflection that will be taking place both during and after the experience. The applicant may need to contact the leader to get information about the reflection. Because these grants are intended to support students in theological reflection that is compatible with a Reformed perspective, the Synod of the Trinity reserves the right to contact the sponsoring organization or the leader to find out additional information regarding the nature of the experience and reflection.

APPLICANT'S FINANCIAL INFORMATION

Please list the name and address of the organization to which the check should be mailed.

THE CHECK CANNOT BE MADE OUT TO AN INDIVIDUAL. IT MUST BE MADE OUT AND MAILED TO AN ORGANIZATION.

Organization Name

Street or P.O. Box

City

State

Zip

As the requesting party (applicant), please list for us how this study experience is being funded. Then list the total cost to participate in the experience. If you fill-in on screen, the boxes will automatically calculate and provide the totals.

CONTRIBUTIONS

Total Participant's Contribution
Total Loan and Scholarship Contribution
Total Congregational Contribution
Total Presbytery Contribution
Total Other Contributions - List Specifics

TOTAL CONTRIBUTIONS

EXPENSES

Total Travel Expenses
Total Lodging Expenses
Total Meal Expenses
Total Other Expenses - List Specifics
Total Other Expenses - List Specifics

TOTAL EXPENSES

TOTAL GRANT REQUESTED

This portion of the application is to be filled out ONLY if you are applying for funding available to children of minimally-paid PC(USA) clergy. If both parents are minimally-paid PC(USA) clergy, list both names and provide both signatures. Your presbytery executive must sign and date this portion to attest to this fact. IF YOU ARE NOT IN THIS CATEGORY, PLEASE SKIP TO THE NEXT PAGE.

Name of Clergy Parent(s)

Signature of Clergy Parent(s)

Presbytery's Current Minimum Clergy Salary

Presbytery Executive: Please attest, with your signature, that the above clergy parent(s) currently receive the presbytery's minimum salary or less.

Executive Presbyter Name

Signature

Date

APPLICANT'S NARRATIVE

In 200 words or less, please answer the following questions. Attach additional sheets if necessary while keeping within the 200-word maximum for each entry.

1. Tell us how you anticipate this experience will deepen your faith and help you discern God's call in your life and future vocation.

2. What question would you like us to ask you when you return from your experience and why?

3. Tell us how you plan to share this experience with your home church congregation, your community, your presbytery and The Synod of the Trinity.

REQUIRED SIGNATURES

This application must be reviewed by their church and presbytery. Signatures of the church's Clerk of Session and the Presbytery's Executive Presbyter or Stated Clerk must be obtained as verification that these reviews have occurred.

Name of your PC(USA) Church _____ Date Reviewed _____

Name Clerk of Session _____ Signature _____

Name of Presbytery _____ Date Reviewed _____

Name & Title _____ Signature _____

Executive Presbyter or Stated Clerk

APPLICANT'S SIGNATURE

I attest that the information in this application is correct and reflects accurately my plans regarding this study grant. I agree to share the experience and its personal and spiritual impact with members of my congregation, my presbytery and The Synod of the Trinity at least in writing and in person when possible.

Applicant's Signature _____ Date Signed _____

POST EXPERIENCE EVALUATION QUESTIONS

The Synod of the Trinity would like a review of your experience at the conclusion of your project, but no later than six months after receiving the grant. Please submit your answers to these questions to Chantal Atnip at treasurer@syntrinity.org. **A \$50 Amazon Gift Card will be awarded to you upon receipt of your response.**

1. This grant has been primarily identified as a response to two of the Synod's Secondary Ends: *"Nurturing relationships within the larger church for the purpose of greater witness" and "Fostering conversation and action for the promotion of social righteousness."*

In what way did this experience either nurture relationships within the greater church or promote social righteousness?

2. What impact has this experience had on your vocational discernment?
3. Please answer the question you wanted to be asked upon your return (page 5).
4. How did you or will you share your project and learnings with your home church, your community, your presbytery and your synod? Do you need assistance with this?