

Scholarship Application Packet

HISTORY AND OPPORTUNITY

The Lutheran Church—Missouri Synod's (LCMS) Specialized Pastoral Ministry (now called Specialized Spiritual Care Ministry) scholarship was started in 1992 with funds donated by persons serving in ministries of chaplaincy, pastoral counseling and clinical education and by others who are supportive of these ministries.

Ongoing gifts to the fund serve as an opportunity to give back in gratitude for the blessings that have been received from education and service in specialized ministries.

ELIGIBILITY REQUIREMENTS

The endowment makes a limited number of financial awards available to ordained or commissioned individuals seeking ecclesiastical endorsement and certification/credentialing for chaplaincy roles, pastoral counseling and clinical education in specialized ministries.

Eligibility requirements include:

- › The successful completion of one (1) unit of CPE (Continuing Professional Education) or Lutheran Visitation Education program prior to applying for a scholarship is preferred.
- › Applicant must be rostered or eligible for active roster status in the LCMS or a professional church worker student.
- › Applicant must not be receiving funds from another LCMS office.

Grants will be made on the basis of commitment to Specialized Care ministries, chaplaincy, pastoral counseling and clinical education and demonstration of financial need. Scholarships do not exceed \$1,000, per request.

Application deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month.

TO APPLY, PLEASE COMPLETE THE FOLLOWING STEPS:

1. Complete the application, personal data and financial data forms.
2. Submit a written recommendation from your district president.
3. Submit a statement of vocational goals, including your reason for pursuing ministry in Specialized Care chaplaincy roles, pastoral counseling or clinical education. Please also include the date you anticipate applying for ecclesiastical endorsement. Although first consideration is given to applicants preparing to become endorsed by Specialized Care, others interested in continuing their education in Specialized Care are encouraged to apply.
4. If the requested scholarship is in support of taking CPE, submit a letter of acceptance by the CPE center specifying the type of CPE you will be taking (concentrated or extended unit, residency, certified educational candidate).
5. American Association of Pastoral Counselors (AAPC) or other certified pastoral counselors, fellows and pastoral counselor-in-training students should provide a copy of a letter showing a contractual arrangement for supervision.
6. Application materials should include a training program brochure or description and anticipated ancillary expenses related to the training (travel, books, etc.) in addition to tuition and/or supervision.
7. Grants are not given directly to an individual applicant. If awarded, a check will be sent to the training center. Applicants are not reimbursed for training already acquired.
8. Submit a statement indicating your willingness to share the outcome of your educational experience with your district president.

Please submit your application and required information to:

LCMS Specialized Spiritual Care Ministry
Attention: Specialized Care Manager
1333 S. Kirkwood Road St. Louis, MO 63122
Fax: 314-996-1124

Application Form

for SPECIALIZED SPIRITUAL CARE MINISTRY SCHOLARSHIPS

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Roster Status: _____

Current Position: _____

Training Site: _____

Training Supervisor: _____

Amount Requested: \$ _____

FOR COMMITTEE USE ONLY
Amount Granted: \$ _____

Scholarships will be awarded on the basis of commitment to ministries in Specialized Care chaplaincy, pastoral counseling and clinical education and on demonstration of financial need. Grants are awarded for direct educational costs only.

Application deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month.

Personal Data Form

for SPECIALIZED SPIRITUAL CARE MINISTRY ECCLESIASTICAL ENDORSEMENT

SECTION I. PERSONAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: Male Female Marital Status: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Agency/Institution where you currently serve: _____

Department/Division/P.O. Box No.: _____

Agency/Institution Address: _____

City: _____ State: _____ Zip: _____

Agency/Institution Phone: _____ Email: _____

Mailing Preference: Home Agency/Institution

Present Position Title: _____

Home Congregation: _____

Home Congregation Address: _____

City: _____ State: _____ Zip: _____

District in which you are a member: _____ District president: _____

District in which your ministry is located (if different than your home district): _____

District president with oversight of your ministry (if different than your home district president): _____

SECTION II. EMPLOYMENT & ROSTER DATA — PART A

Position Type(s) (Please check those that best apply)

- | | |
|---|--|
| <input type="checkbox"/> Department director/manager | <input type="checkbox"/> Director of education/training |
| <input type="checkbox"/> Staff pastoral counselor | <input type="checkbox"/> Intern/resident |
| <input type="checkbox"/> Corporate/administrative | <input type="checkbox"/> Congregational pastor |
| <input type="checkbox"/> Staff Chaplaincy Role | <input type="checkbox"/> Volunteer Specialized Care Worker |
| <input type="checkbox"/> Part-time Specialized Care Worker
(20 hours per week or less) | <input type="checkbox"/> Congregational deaconess |
| <input type="checkbox"/> Other: | |

Type of Agency/Institution and/or Program Where You Currently Serve (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> General medical hospital | <input type="checkbox"/> Community mental health center/program |
| <input type="checkbox"/> Psychiatric hospital/program | <input type="checkbox"/> Social service agency |
| <input type="checkbox"/> Pastoral counseling center/program | <input type="checkbox"/> Juvenile/youth/children's facility/program |
| <input type="checkbox"/> Geriatric or long-term care facility/program | <input type="checkbox"/> Facility for developmental disabilities |
| <input type="checkbox"/> Drug/alcohol treatment facility/program | <input type="checkbox"/> Business/industry |
| <input type="checkbox"/> Congregation | <input type="checkbox"/> Law enforcement agency |
| <input type="checkbox"/> Fire department | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Correctional facility | |

Affiliation of Agency/Institution *(Please check all that apply)*

Government: Federal State County City

Church association: LCMS Other church body (Please specify: _____)

Private: Non-profit For-profit Other (Please specify: _____)

ROSTER DATA — PART B *(Please complete as applicable)*

Year of ordination/commissioning: _____ Current district of roster: _____

Roster Status

Active Inactive emeritus Inactive candidate
 Other (Please specify: _____)

Present Source of Call *(If applicable)*

Synod Congregation District
 RSO Other

SECTION III. PROFESSIONAL DATA

Current Memberships/Certifications in Professional Specialized Care Organizations

American Association of Pastoral Counselors (AAPC)

- PCT (Year: _____)
- Clinical Pastoral Counselor (Year: _____)
- Fellow (Year: _____)
- Diplomate (Year: _____)
- Other: _____ (Year: _____)

Association for Clinical Pastoral Education (ACPE)

- Acting or Associate Supervisor (Year: _____)
- Certified Educator (Year: _____)
- Clinical Member (Year: _____)
- Certified Education Candidate (Year: _____)

Association of Professional Chaplains (APC)

- Board Certified (Year: _____)
- Associate (Year: _____)
- Affiliate (Year: _____)

American Correctional Chaplains Association (ACCA)

- Member (Year: _____)
- Certified (Year: _____)

American Association of Intellectual and Developmental Disabilities —
Religion and Spirituality Network

- Certified Member (Year: _____)
- Member (Year: _____)

College of Pastoral Supervision and Psychotherapy (CPSP)

- Board-certified Associate Chaplain (Year: _____)
- Board-certified Chaplain (Year: _____)
- Pastoral Counselor (Year: _____)
- Diplomate (Year: _____)

American Association of Marriage and Family Therapy (AAMFT)

- Clinical Member (Year: _____)
- Supervising Member (Year: _____)
- Other: _____ (Year: _____)

International Conference of Police Chaplains (ICPC)

- Member (Year: _____)
- Certified Member Level _____ (Year: _____)

Federation of Fire Chaplains (FFC)

- Member (Year: _____)
- Certified Member (Year: _____)

Other professional organizations: _____ (Year: _____)

Number of years of service in Specialized Care ministry: _____

Professional Positions Serving in Specialized Care Ministries

INSTITUTION/LOCATION	INSTITUTION TYPE	POSITION	DATES

Congregational Ministry Experience (i.e., positions/calls without professional Specialized Care focus)

CONGREGATION/LOCATION	POSITION	DATES

SECTION IV. SPECIALIZED CARE ENDORSEMENT STATUS

Please check one of the following:

- Previously endorsed through the LCMS (since 1988) Date: _____
- Unsure of endorsement status
- Other (Please specify: _____)

SECTION V. OTHER FILE DATA

College, Seminary, Graduate Study

School Attended/Location	Major	Years Attended	Year of Graduation	Degree

Clinical Pastoral Education

Center/Location	Type of Institution	Dates	No. & level of units (i.e. 1 Unit/ Level 1)	Educator(s)

Other Clinical Education/Training For Specialized Care Ministry (*Lutheran Visitation Education, institutes, etc.*)

Center/Location	Type	Dates	Outcome/Credit

Other Significant Professional Positions/Experience (*Administration, education, etc.*)

Institution/Location	Type	Position	Dates

Areas of Special Professional Expertise or Interest

Publications (*List only most significant*)

SECTION IV. BACKGROUND CHECK

We appreciate your willingness to comply with this policy, acknowledging that the safety of those entrusted to our care is of great importance. Please submit a background check request through Protect My Ministry. Click the link below, fill out the form, and pay approximately \$20.00 for background check. [Registration](https://protectmyministry.com/lcms/) (*protectmyministry.com/lcms/*)

Financial Data Form

for SPECIALIZED SPIRITUAL CARE MINISTRY SCHOLARSHIPS

Financial data is confidential and will be reviewed ONLY by the selection committee.

Anticipated income and expenses for the academic/supervisory/training year 20_____ to 20_____:

CATEGORY	PER MONTH	FOR 12 MONTHS
Combined household income		
Housing (rent/mortgage)		
Utilities (gas, electricity, phone, water, trash)		
Food		
Transportation (gas, car repairs, bus, car loan)		
Medical/dental (medicine, office visits, etc.)		
Insurance (car, health, life, homeowners, rental)		
Child care		
Church/charity		
Self-care		
Loans/credit cards		
Tuition		
Supervision costs		
Taxes		
Other		
TOTALS		

Please indicate anticipated scholarship/grant income from sources other than the Specialized Spiritual Care Ministry Scholarship Fund:

_____ per month, _____ or 12 months.

Number and ages of dependents: _____

Additional information the scholarship committee should know regarding your finances:

Amount requested: \$ _____

Signature: _____ Date: _____