

**SEMINARY SCHOLARSHIP GRANT REQUEST FORM
FOR STUDENTS IN THE CANDIDACY PROCESS OF THE CSS**

Name _____

Address _____

City _____

State _____

Zip Code _____

E-mail _____

Phone _____

Home Congregation: _____

Seminary attending: _____

full time part time

Anticipated graduation _____

Please send scholarship directly to. . .

the Seminary

to me*

* I am aware this may cause a tax liability. I have completed and attached an IRS W-9 Form
(<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>)

I hereby certify that the above is true and an accurate statement of the information required for this request.

Signature _____

Date _____

Mail to: Central States Synod
 420 W 14th St. Ste. B
 Kansas City, MO 64105
E-Mail to: administrator@css-elca.org