



Episcopal Diocese of Florida

325 N. Market St. Jacksonville, FL 32202

SEMINARIAN FINANCIAL SUPPORT APPLICATION

Academic Year: _____

APPLICANT INFORMATION

Full Name: _____

Preferred Name (if applicable): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

CANONICAL STATUS

Current Canonical Status (check one):

Postulant

Candidate

Date of Admission to Postulancy/Candidacy: _____

Parish of Membership: _____

Rector / Priest-in-Charge: _____

Clergy Sponsor: _____

SEMINARY INFORMATION

Name of Seminary: _____

Accreditation Status: _____

Degree Program:

M.Div.

Anglican Studies

Other: _____

Type of Seminary Program (check one):

Residential

Hybrid / Low-Residency

Fully Online

Expected Graduation Date: _____

FINANCIAL SUPPORT REQUESTED

Amount Requested for This Academic Year: \$ _____

Type of Support Requested (check all that apply):

- Tuition
- Books
- Travel for Residencies
- Living Expenses (Residential only)

ESTIMATED ANNUAL SEMINARY BUDGET

(Attach detailed budget if necessary)

Expense Category	Estimated Cost
Tuition	\$ _____
Books	\$ _____
Housing	\$ _____
Travel / Residencies	\$ _____
Other (specify): _____	\$ _____

Total Estimated Annual Expenses: \$ _____

ADDITIONAL FINANCIAL SUPPORT

Please list any additional financial assistance you are receiving or have applied for:

- Seminary Financial Aid: Yes No
- Parish Support: Yes No
- Church Pension Group / ECW / Other Grants: Yes No

If yes, please explain:

SERVICE COMMITMENT ACKNOWLEDGMENT

Please initial each statement below:

___ I understand that diocesan financial support is contingent upon remaining in good academic and canonical standing.

___ I understand that recipients of diocesan support are expected to seek ordination in the Episcopal Diocese of Florida and to be available to serve a minimum of **three (3) years** in a clerical role within the Diocese following ordination.

___ I understand that failure to complete ordination or to serve in the Diocese of Florida may result in a requirement to repay part or all of the funds received, in accordance with the **Service Commitment and Repayment Policy**.

REQUIRED ATTACHMENTS

- Letter of request
- Seminary enrollment verification
- Estimated annual budget

APPLICANT CERTIFICATION

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that submission of this application does not guarantee financial support.

Applicant Signature: _____

Date: _____

CLERGY SPONSOR ENDORSEMENT

I affirm that the applicant is in good standing and recommend them for diocesan seminarian financial support.

Clergy Sponsor Name: _____

Signature: _____

Date: _____

COMMISSION ON MINISTRY (COM) REVIEW

COM Reviewer Name: _____

Date Reviewed: _____

COM Recommendation (check one):

- Recommend Full Support
- Recommend Partial Support: \$ _____
- Do Not Recommend

Comments / Rationale:

COM Chair / Secretary Signature: _____

Date: _____

ECCLESIASTICAL AUTHORITY APPROVAL

Final Approval (check one):

- Approved
- Approved with Conditions
- Not Approved

Approved Amount: \$ _____

Ecclesiastical Authority Signature: _____

Date: _____

SUBMISSION INFORMATION

Please submit this completed application and all required attachments to:

Keith Daw
Chief Operating Officer
Episcopal Diocese of Florida
kdaw@diocesefl.org
904-356-1328 ext. 111