

**THE SAMUEL TREXLER FELLOWSHIP**  
**of the**  
**Upstate New York Synod - Evangelical Lutheran Church in America**

Applications must be received no later than October 31, 2017. Send to: Samuel Trexler Fellowship Committee, Upstate New York Synod, 5811 Heritage Landing Drive, 1<sup>st</sup> Floor, East Syracuse NY 13057.

Applications will be accepted only from members of the Synod. Candidates will be notified of the Committee's decision by December 15, concerning grants to become effective the next year.

1. NAME \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. DATE and PLACE OF BIRTH \_\_\_\_\_

4. PRESENT POSITION \_\_\_\_\_

5. ORDAINED \_\_\_\_\_ ENTERED \_\_\_\_\_  
(year) (year)

6. Name the schools, colleges or universities that you have attended. State the length of your residence at each. Indicate degrees or other honors which you have received or for which you are a candidate and the year in which they were (or are to be) conferred --

7. List some of the more important activities in school, church or community, national or foreign, which might illustrate your special interests.

8. State fellowships or scholarships you have held, including prior Trexler grants and years granted

(over)

9. State briefly your accomplishments and your special qualifications for your proposed field of study. (List contributions made - books, articles, lectures, etc.)
10. What are your immediate and long-range goals?
11. The applicant must procure three letters of reference giving information as to scholarship, personality, character and leadership. Ministers will include a letter from their Congregational Council indicating approval of their proposed leave of absence. Students must also secure one letter of reference from an instructor and a letter from their home pastor. Letters of recommendation are to be sent directly to the Chair of the Samuel Trexler Fellowship Committee, Upstate New York Synod, 5811 Heritage Landing Drive, 1<sup>st</sup> Floor, East Syracuse NY 13057
12. Have you any means of your own or other sources of income with which to supplement a fellowship grant? (GI benefits, royalties, fellowships, congregational support, etc.)
13. Indicate when you would make use of this fellowship. Give dates -- \_\_\_\_\_
14. State amount which you need for your project from this fund  
Give itemized estimate of expenses on a separate sheet.
15. Give a clear and concise outline of your plan of study, the places where you intend to carry out your special study, and the results you expect to achieve. (Use extra sheet if necessary).

Agreement:

*If this fellowship is awarded to me, I agree as far as it is in my power to abide by its terms and also to submit a brief report to the committee.*

Signature of Candidate \_\_\_\_\_

Place and date

