

**ELCA WITTENBERG CENTER e.V.**  
**Application for Evangelical Church of Germany (EKD) 2010 Stipend**

**A. Program Information**

Name of program proposal: \_\_\_\_\_

Dates of proposed program: \_\_\_\_\_

Brief description of program (50 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a 2- page, single-spaced, description of your program, its objectives, and an explanation of how this program will benefit your ministry, your institution or place of employment, and the church in the US, Germany or both (congregation, synod/regional expression, national church)*

**B. Personal Information**

Full name: \_\_\_\_\_

Title: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Temporary Mailing Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

**Passport Information**

Date: \_\_\_\_\_ Number: \_\_\_\_\_

Issued by: \_\_\_\_\_ Expiration: \_\_\_\_\_

**C. Church Affiliation Information**

National Church Membership: \_\_\_\_\_

Congregational Membership: \_\_\_\_\_

Date of baptism: \_\_\_\_\_

Ordination date (if applicable): \_\_\_\_\_

**D. Institutional Information**

Institution affiliated with: \_\_\_\_\_

Position: \_\_\_\_\_

**E. Work and Educational History**

Please attach a resume detailing your work and educational history; include academic and professional accomplishments.

**F. Language Proficiency**

Do you speak and understand German? \_\_\_\_ What level of proficiency? \_\_\_\_\_

\_\_\_\_\_

Do you read and write German? \_\_\_\_ What level of proficiency? \_\_\_\_\_

\_\_\_\_\_

**G. Travel Experience**

Have you traveled internationally? \_\_\_\_ to Europe? \_\_\_\_ to Germany? \_\_\_\_

Describe briefly any relevant travel experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. Travel Plans**

Will you have a spouse accompanying you on this program? \_\_\_\_

Will you have a child or children accompanying you on this program? \_\_\_\_ If yes, how many? \_\_\_\_

Will you have any special travel or accommodation needs during your program? \_\_\_\_

**I. Medical Condition**

To the best of your knowledge, are you in good health? \_\_\_\_

If no, please give details? \_\_\_\_\_

Are you under treatment or observation for any illness or injury? \_\_\_\_

If yes, please give details? \_\_\_\_\_

**J. Additional Comments concerning your program or application:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## K. Bishop's/President's Endorsement

I, hereby, endorse that this applicant is a member in good standing of a congregation of the \_\_\_\_\_ Synod of the Evangelical Lutheran Church in America.

\_\_\_\_\_  
Synod bishop's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

*If applicant is not at ELCA member but is a full-time professor at an ELCA-affiliated college or university, the President shall sign.*

I, hereby, endorse that this applicant is a member in good standing of \_\_\_\_\_  
\_\_\_\_\_ an institution of higher learning affiliated with the  
Evangelical Lutheran Church in America.

\_\_\_\_\_  
College/University President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

## L. Declaration

I declare that the answers given on this application and all attached documents are, to the best of my knowledge, true and correct.

\_\_\_\_\_  
Applicant signature:

\_\_\_\_\_  
Date:

### **Please return original documents to:**

**ELCA Wittenberg Center e.V.  
Schlossplatz 1d  
06886 Lutherstadt Wittenberg  
Germany**

**+49 3491 412 532 (FAX)**

**+49 3491 412 531 (Telephone)**

**e-mail: [ELCAWittenbergCenter@t-online.de](mailto:ELCAWittenbergCenter@t-online.de)**

**Application Deadline: September 15, 2009.**