

BETHEL LUTHERAN CHURCH  
ENDOWMENT FOUNDATION  
312 Wisconsin Avenue  
Madison, WI 53703

**The Cephas Johnson Seminary Scholarship**  
Application Form

(Must be received by Bethel Lutheran Church by April 15 of the year you are attending Fall Semester)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Congregation: \_\_\_\_\_

Address: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Year at Seminary 1 2 3

Seminary you are/will be attending to become ordained: \_\_\_\_\_

Seminary address: \_\_\_\_\_

Costs per semester of tuition only: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Credits taking per semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Briefly state your reason for wanting to become an ordained minister:

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

You can continue on the back or add a page.

Signed: \_\_\_\_\_

*In signing this application you are certifying that:*

*You have been accepted at the above-indicated seminary on an ordination track;*

*You are a resident of Dane County;*

*You are a member of the above-indicated church and it is located in Dane County;*

*You are enclosing (1) a recommendation from your pastor, and*

*(2) a recommendation from the governing body of your church.*