



St. Sava Serbian Orthodox Monastery

P.O. Box 519
Libertyville, Illinois 60448

APPLICATION FOR FINANCIAL AID

1) WHO MAY APPLY?

Any Serbian Orthodox Student who meets the requirements for acceptance for studies at the St. Sava Serbian Orthodox School of Theology in Libertyville, and who, together with his parents/guardians and his Diocesan Bishop accept the terms as noted below as guarantors for the student loan /grant.

Note: Scholarship stipend awards for tuition and room and board shall be initially considered as loans-in-aid to the applicant. The loan-in-aid shall be considered a GRANT to that student who successfully completes the full course of study and is ordained to the priesthood in the Serbian Orthodox Church within three years after graduation. The recipient shall be required to execute this binding document of obligation together with his guarantors THAT HE/THEY WILL return to this Fund all awards granted in the event that he should lose any of the qualifications specified below:

2) QUALIFICATIONS AND REQUIREMENTS OF THE RECEPIENT:

- a) To be a graduate from a recognized Seminary of the Serbian Orthodox Church with a passing grade average of 2.5;
- b) b)Or in the alternative, to be a graduate from an academic High School with a grade point average of 2.5, and who has passed the qualifying entrance examination;
- c) To maintain passing grades of a (two point five) 2.5 average for advancement to next semester and for graduation as required by the School;
- d) To attend all scheduled classes and all worship services during the school year;
- e) The loss of any canonical requirements for ordination shall automatically terminate his stipend eligibility, and shall require the full repayment of all funds awarded to there by the School, beginning within three months of termination of official status as a student of this school;
- f) The loss of *qualifications* as a student due to disciplinary action taken for cause as noted in school regulations;
- g) Upon graduation, or within three years thereafter, to be ordained and to serve the Serbian Orthodox Church in the active ministry as a deacon or priest, either in the monastic or married state; or as an active instructor in Religious Education as approved by his Diocesan Bishop.

3) APPLICANT'S PETITION AND GUARANTEE.

I, _____, student () cleric () of the Serbian Orthodox Diocese of _____ in (address, city, State/ province, country) _____,

having read the above requirements, hereby agree to all the terms stated above and to all of the

School's Regulations, and I submit this application for Financial Aid in the amount of \$(____,_) for (____) years of Study at the St. Sava School of Theology in Libertyville, Illinois with the solemn promise of abiding with the moral and legal terms of this agreement:

Date: _____

4) PARENTS / GUARDIANS' CERTIFICATION

I, _____, the parent () legal guardian () of _____, hereby agree to the terms of the agreement entered into with the applicant's petition, and guarantee to satisfy the requirements of the loan being returned to the School if any of the situations occur under 3 above.

Signature _____ Date ____ / ____ / ____.

WITNESSED BY:

TO WHOM IT MAY CONCERN:

This is to certify that _____ appeared before me this day of ____ / ____ / 20____, and affixed his signature to this document thereby assuming legal responsibility if the applicant should lose the qualifications for stipend scholarship grant and default on this loan.

Signature _____ Date ____ / ____ / ____

(SEAL)

CERTIFICATION:

This is to certify that _____, the applicant for student Financial Aid, has appeared before Us and has signed this Petition/Agreement, and having given Our Blessing for his further studies at the School of Theology in Libertyville, Illinois, We guarantee that the terms of this Agreement will be honored.



ST. SAVA SERBIAN ORTHODOX SCHOOL OF THEOLOGY

APPLICATION FOR ADMISSION

(Check program for which you are applying)

1. Bachelor of Divinity Graduate Diploma of Fakultet ()

2. Non-degree (Special Student) ()

3. Applicant's Name:

_____.

(first)

(middle)

(last)

4. Present Mailing Address:

_____.

(Street)

(city)

(state)

(zip code)

5. Home Phone: _____ **6. Day time Phone (if different):** _____.

7. Permanent Address: _____.

(street)

(city)

(state)

(zip code)

8. Anticipated Summer Address: _____.

(street)

(city)

(state)

(zip code)

PERSONAL DATA

9. Place of Birth: _____ 10. Date: _____.

11. Social Security No. _____ 12. Citizenship: _____.

13. Marital Status (please, specify it): _____.

If married, name of Spouse: _____ Date of Marriage: _____.

INSTRUCTIONS FOR APPLICANTS FOR ADMISSION

The printed application form must be completed and submitted with the following items:

1. **A short statement** telling the purpose for which you education at St. Sava's School of Theology will be used, together with a brief autobiography;
2. **Birth & Baptismal Certificate;**
3. **Certificate of Medical Examination;**
4. **Transcripts** for all colleges, universities and high school attended, as well as for all graduate and/or professional schools. Request that the Registrar of each institution send an official transcript to the Director of Admissions of St. Sava's;
5. **References.** Provide the names and addresses of two references as requested on the back page of the application form. It is helpful if you contact those persons for their recommendations.
6. **A photograph** of yourself.
7. **An Application Fee of \$15.00** (non-refundable) must accompany the form.
8. **Letter of endorsement (blessings)** of your Diocesan Bishop to enroll.

Applicants in need of Financial Aid should inquire of their respective Diocesan authorities as to what student loans/or co-signing of student loans are available and the terms and conditions regulating such loans. Applications must be received no later than July 10th, and are acted upon **July 15th**. Applicants are notified as soon as a decision is reached.



**ST. SAVA SERBIAN ORTHODOX
SCHOOL OF THEOLOGY
БОГОСЛОВСКИ ФАКУЛТЕТ СРПСКЕ ПРАВОСЛАВНЕ ЦРКРВЕ
СВЕТИ САВА**

(Check program for which you are applying)

1. Bachelor of Divinity Degree (Диплома Факултета) ()

2. Other- Друго ()

3. Applicant's Name: (Име и презиме молиоца):

(first - име)

(middle - име оца)

4. Present Mailing Address:

(стална адреса)

(last- презиме) (street- Улица и бр.)

(cityместо) (state-Држааа) (zip code-Вр. поште)

5. Home Phone (Вр. Телефона): _____

6. Anticipated Summer Address (-предвиђена летња адреса):

(street- Улица)

(city-град)

(state-Држава)

(zip code-Ер. поште)

7. Phone: (телефон):

Signature: (Потпис) _____ **Date (Датум):** _____

Social Security Number	Citizenship (Држављанство)
MARITAL STATUS: Брачно Стање) Specify	
If married , name of Spouse: -	Date of Marriage : ,
Place of Marriage:	Spouse's occupation :
Your children, if any, by name and date of birth: -	
FAMILY BACKGROUND (Фамилија)	
Father's Name: (ИМЕ ОЦА)	Living? (жив?)
Home address: (кућна адреса)	
Mother's Name: (име мајке)	Living? (жива?)
(Занимање оца) Occupation of Father: :	(Занимање мајке)
CHURCH RELATIONSHIP (Црквена припадност)	
Parish (Парохија)	Diocese (Епархија)
Address (адреса) •	
Name of your Pastor (име пароха)	
Date & Place of your Baptism (датули место крштења)	
Date & Place of your Chrismation if a convert (Датум и место веропрелаза ако су веропрелазник)	
What services have you rendered and what offices have you held in the church (Church School, Vacation Church School, Camp, parish or diocesan committees, etc.)? (Које си послове у Цркви до сада обављао?)	
Is it your intention to prepare for ordination to priesthood? (Да ли имаш намеру да се рукополагеш после школовања?)	
Do you have blessings of your Diocesan Bishop to study for the priesthood? (Имаш ли благослов архијереја за богословске студије?)	

Bishop's Name? (Име архиепископа?) _____

If so, what is your status? (Ако имаш, шта ти је статус?) _____

and with what entity of your church do you hold this status? (у ком црквеним телом или са којим лицем уживаш тај статус?)

If not presently endorsed, with what Bishop and when do you plan to seek such endorsement?
Ако сада немаш благослов, од кога епископа намераваш тражити благослов?

EDUCATION (ОБРАЗОВАЊЕ)

Похађао од=до академски степен Year Degree

Име Установе Name of Institution	место Location	Attendance Degree or From: To: Diploma	Received or Expected
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год. дипломирање

High School :(Гимназија)

College or University: (факултет или Универзитет)

Undergraduate Major (Главна група студија) _____

Seminary or other Graduate or Professional
School:

Graduate Major (Пост-дипломска група студија) _____

Do you feel that your transcript is an adequate indicator of your abilities? дали сматраш да твој индекс или школско уверење довољно приказује твоје способности? _____

If not, please include explanation in your Autobiography. (Ако не, молимо објасните у својој аутобиографији)

Academic and extra-curricular activities and honors (organizations, offices, awards, scholarships)? Академске и ван-школске активности и почести (положај, награде, стипендије, итд)

Have you applied for admission to other theological schools? (Да си се пријавио некој другој теолошкој школи? If not, do you plan to? (Ако не, да ли имаш намеру?) _____

If yes to either of the foregoing questions, which schools and what response have you had from them? (Ако јеси, у које школе и какав си одговор добио?)

SPECIAL TALENTS, INTERESTS, HOBBIES (Нарочите таленте, интерес, хоби)

WHAT LANGUAGES do you speak? Write? Read? What is your level of fluency? Које језике говориш? Пишеш? Читаш? На ком нивоу течности?

OCCUPATIONAL EXPERIENCE (list most recent first, including any military experience) РАДНО ИСКУСТВО (Наведи поспедве прво - укључујиффи и војну слузбу)

Position Позиција	Employer Послодавац	Dates Датуме
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FINANCES - ФИНАНЦИЈЕ (state how you plan to meet expenses during your studies at The School of Theology? (Како планирате да покријете своје трошкове за време студија?)

REFERENCES

(List below names and addresses, in accordance with the categories indicated, of those from whom you have requested a recommendation be sent to the Serbian Orthodox School of Theology. Please note your desire for access or confidentiality, on the Letter of Reference provided, and give the form to the persons named below to complete and send to the school directly by mail).

Наведи имена и адресе оних лица према означеним категоријама од којих Си тражио да пошаљу своје препоруке Богословском Факултету. Молимо означите вашу жељу на формулару -Писмену Препоруку - који Вам се овде прилажу о томе, да ли захтевати да видите препоруку или се одричеш од тога. Дајте овај формулар лицима на које се односе, да они пошаљу своје препоруке Школи непосредно поштом.

1. Your Pastor (Paroh):

2. Administrator or counselor at the last educational institution you attended (тарешина школе коју Сипослењу завршио):

3. A teacher in your major field of study *(наставник главног предмета):

4. Another academic reference * (цруга академска препорука) _____ .

5. Another pastor or faculty member or an employer (руги свештеник или члан факултета коју си завршио):

If you have lost contact with potential references at the last institution attended, substitute the names of persons who are acquainted with your academic ability and back ground from more recent courses, workshops, or seminars. Include the position of such persons along with their name and addresses.

**The Saint Sava School of Theology
Libertyville, Illinois**

Student Immunization Record

Name (line studenta): _____.

Student ID / Studentsld br _____

State of Illinois Immunization Requirements for Students:

A student who enrolls at a post secondary educational Institution without providing proof of immunity shall be precluded from enrolling at that Institution in a subsequent term unless the student provides acceptable proof of immunity or is granted a medical or religious exemption by the institution"

Propisi drzave Illinois za vakcinaciju studenata:

"Uplatom studentu koji ne podnese provisanu dokumentaciju o imunitetu, neće biti dozvoljen upis u sledeci semestar bez propisane dokumentacije o imunitetu osim ako je oslobođen iz zdravstvenih razloga ili verskog ubeđenja koja se protiv vakcinacije"

DIPHTHERIA and TETANUS . IDYF'TERIJA I TETANUS} Date/Datum _____

-The most recent dose of DTP, DT or Td having been received within the last 10 years.

-Zadnja doza vakcine DTP, DT ili Td primljena pre manje od 10 godina.

Documentation attached / Priložena dokumentacija:

MEASLES (RUBEOIA) I MALE BOGINJE

A. Two doses of live vaccine 30 days apart, OR B. Laboratory proof of immunity, OR

C. Physician signed confirmation of disease history Documentation attached / Priložena dokumentacija.

RUBEOLA

A. Two doses of live vaccine 30 days apart, OR B. Laboratory proof of immunity

Documentation attached / Priložena dokumentacija:

Date/Datum _____

A. Dve doze vakcine odvojene najmanje 30 dana, ili B. Laboratorijski nalaz imuniteta, ili C. Lekaraka potvrda o preležanoj bolesti

Date/Datum _____

A. Dve doze vakcine odvojene najmanje 34 dana, ili B. Laboratorijski nalaz imuniteta

MUM PS/2AUSKE

A. Two doses of live 30 days apart, OR

Date/Datum _____

A. Dve doze vakcine odvojene najmanje 30 dana, ili

B. Laboratory proof of immunity B. Laboratorijski nalaz imuniteta Documentation attached / Priložena dokumentacija.

The student's Illinois high school health record which complies with the above requirements is acceptable.

Call Lake County Health Department for locations and hours of immunization service at 847360-6761.

Recently, the immunization was offered at \$12 for the initial two doses (\$6 for the MMR and \$6 for the Td vaccines) and another \$6 for the second measles vaccine (after at least 30 days)

"The record keeping office of the post-secondary educational institution shall maintain records, containing the required elements of the immunization status of each student and shall keep susceptibility lists by disease category indicating the names of all students who have not provided proof of immunity. Such lists shall be disclosed to the Department in health and safety emergencies."

ST. SAVA SERBIAN ORTHODOX SCHOOL OF THEOLOGY

LETTER OF REFERENCE

This section to filled out by applicant (please print or type).

Last Name: _____.

First Name: _____.

Middle Name: _____.

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that all concerned may wish to preserve the confidentiality of such evaluations, we are giving you an opportunity to sign one of the following statements:

<input type="checkbox"/> I waive my right to examine this form.	<i>Applicant's Signature</i>	<i>Date</i>
<input type="checkbox"/> I do not waive my right to examine this form.	<i>Applicant's Signature</i>	<i>Date</i>

The Committee on Admissions of Students would appreciate a statement from you concerning the person named above, who has applied for admission to our school. It would help us to make a fair and accurate evaluation of the applicant if you would address the following questions in your statement, noting the applicant's specific weaknesses as well as strengths. We would also appreciate any additional information which you can provide which might have a bearing upon this application. (Please use the reverse side or a separate sheet for additional space.)

1. How long have you known the applicant? How well? In what capacity?
2. How is this person regarded by his/her peers, colleagues and other associates? Does he/she work well with others?
3. How would you evaluate this person's capacity and motivation for graduate study in theology?
4. What effect, if any, has this person's physical and/or emotional health had on his/her performance? To what extent would the family life and situation of this person support his/her vocational goals and commitment?
5. What is this person's attitude toward authority and supervision? Does he/she show initiative, and in what circumstances? How reliable is he/she in completing a given project or task?
7. How would you evaluate this person's character and relationships in the light of your perception of requirements for church service?

Name:

Position & Title:

Address

Phone:

Signature

Date

Please mail this completed statement directly to:

The Registrar, St. Sava Orthodox School of Theology, 32377 N. Milwaukee Ave., Libertyville, Ill. 60048