

All Applicants please complete both Sections I & II and the Promissory Note. In addition, please supply the following documentation:

1) A summary and/or an evaluation of transcripts from the Institution which indicates the total number of credit hours for degree completion.

2) A financial cost summary of the entire program as well as an indication of tuition costs per credit hour.

3) Attach any requirements concerning travel, internships, or observational plans, include your action plan to address appointment responsibilities

The completed form, along with supporting documentation, must be sent to the Unit Commander or Department Head for endorsement. Tuition costs for doctoral degrees should not exceed \$650.00 per credit hour. Please supply rationale if costs exceed this amount.

SECTION I									
Last Name			First		M.I.	Date			
Street Address					Officer Years	s of Service			
City			State		ZIP Code				
Date seeking to s		List previous degree programs started or completed, including those previous to the start of your officership:							
Is your spouse co a program of stu	urrently enrolled in dy?	YES	NO	1)	degree		date completed		
Credits remaining to complete?			2)						
Note: Applicants must have a minimum of ten years of active service completion of the degree program for consideration. Please see the FOR DOCTORAL DEGREE PROGRAMS in the USC Central Policies & F a complete list of eligibility criteria.			GUIDELINES	3)	date completed				
SECTION II	,								
Program format Residential	ormat			Rationale for pursuing degree program; please include the following: Attach additional pages for changes to program or exceptions for cost, <i>only where needed</i> .					
Proposed Program of Study (including emphasis): 1) Describe your expectation for personal development as a result of this program.							gram.		
Institution:									
Accrediting Agency:									
	2) How will this program of study benefit your current appointment?								
<u>P</u>	rogram Costs								
Cost per credit h	our								
Estimated book of	cost per <b>course</b>								
Total Course Cos	t (cr hrs + books)		3) How will y	ou minimize the impact	of study on your app	pointment?			
Total Credit Hour	rs Required								
Indicate type of program									
Doctor of Ministry (D.Min.) Doctor of Education (Ed.D.) Other (please specify)									
Degree program requi		Dissertation	Fieldw	ork Observ		Other			
attach details and action pla		Capstone	Intern	ship Extend	ed Travel	please specify			

### STATEMENT OF APPLICATION

I HAVE READ AND SIGNED THE FINANCIAL AGREEMENT : \_

I understand that approval for education assistance in a degree program is provisionally continual based upon the satisfactory performance of my responsibilities in my appointment and as an officer, which is my first priority. Review of this program of study may occur at any time as requested by my Unit Commander or Territorial Administration. I understand that I am personally responsible for all costs until authorized for reimbursement by The Salvation Army.



page 2

# Unit Commander Confidential Endorsement for Doctoral Studies

### NAME OF OFFICER:

### DIVISION/COMMAND:

### DEGREE REQUESTED:

The officer has demonstrated strong leadership performance in the following areas:							
Competencies & Attributes	Strongly Agree	Agree	Disagree	Not Observed			
Mission Focus – commitment to the mission of The Salvation Army (saving souls, growing saints, and serving suffering humanity)							
Holiness of Character: demonstrating Christian maturity							
Strategic Planning and implementation							
Team Leading – of officers, soldiers, community members							
Preaching and Teaching- Compelling, Biblically and doctrinally sound							
Multi-tasking - working productively under stress							
Healthy Lifestyle: physical endurance							
Stable Family Relationships who support the program							

**Divisional Commander's Statement**: Briefly state your support or concerns for the applicant. Please complete all sections. Please provide a general description of the applicant's competency as an officer under your command.

Please provide your perceived benefits for development in pursuing the degree program specified

Please describe the anticipated contribution to the Division and to the Territory overall.

I do not support

I support with some concerns

I support



### page 3

#### **Endorsements**

### **Divisional Officer Development Secretary's Review:**

How will this program of study impact the officer's personal goals?

What will you need to monitor in order to provide helpful feedback?

Please offer any helpful insights for consideration.

Divisional Officer Development Secretary Signature

# **Education Committee Review:**

Recommend Comments:

Defer (with comments)

Do not recommend

Education Committee Stamp

### **APPROVALS**

I do support

I do not support

Territorial ORD Secretary

Personnel Secretary

I do support I do not support

I do support

I do not support

Territorial Commander

# CENTRAL TERRITORIAL HEADQUARTERS 5550 Prairie Stone Parkway Hoffman Estates, IL 60192

## EDUCATIONAL FINANCIAL AGREEMENT

In consideration of the expense incurred by The Salvation Army through payments to me or in my behalf in connection with the furtherance of my education and training for Salvation Army service as an officer, I hereby agree that:

If for any reason I cease to be engaged in the service of The Salvation Army as an officer within a five-year period of the conclusion of the education program outlined on each of my Officers' Education Applications,

I will refund to The Salvation Army the amount of money advanced me for tuition, books and other school fees, in excess of the first five hundred dollars (\$500). The sum to be repaid shall be this total, less one sixtieth (1/60) of the total for each month of service rendered by me, as an officer, to The Salvation Army following completion of the education training on each application.

The sum to be repaid shall be pro-rated over a maximum period of sixty months, or at a rate of no less than fifty dollars (\$50) per month.

This agreement shall begin three months (90 days) from the date I cease to be engaged in the service of The Salvation Army as an officer.

Signed\_\_\_\_\_

Seal

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_

NOTARY PUBLIC

signature of notary

date