

All Applicants please complete both Sections I & II and the Financial Agreement. 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 of Ser						
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	,	in YES	NO	1)	degree	degree				
Credits remaining to complete?			2)							
Note: Applicants must ha completion of the degree FOR DOCTORAL DEGREE a complete list of eligibili	GUIDELINES	3)	date completed							
SECTION II										
Program format Residential	Online Hy	/brid	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.							
Institution:										
Accrediting Agend										
			2) How will this program of study benefit your current appointment?							
Program Costs										
Cost per credit h	our									
Estimated Cost p	er Term									
Estimated Cost for Co	omplete Program		3) How will you minimize the impact of study on your appointment?							
Total Credit Hour										
Indicate type of program Doctor of Ministry (D.Min.) Doctor of Education (Ed.D.) Other (please specify)										
Degree program requi attach details and action plan		y) Dissertation Capstone	Fieldw Intern		ervation nded Travel	Other 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.



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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							

Unit 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

I recommend with full support



Endorsements

Leader for Officer Development'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.

Leader for Officer Development 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