



Western North Dakota Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Ministry Endowment Fund

Student Loan Debt-Reduction Application for Rostered Ministers

Application Deadline: January 31, 2026

This grant is available to Rostered Ministers who served in the Western North Dakota Synod during 2025.

The purpose of this grant is to care for Rostered Ministers currently serving in our synod who faithfully contribute to the work we do together as synod. To maintain a healthy culture in the Western North Dakota Synod, it is expected that Rostered Ministers faithfully attend synod assembly and the Bishop's Convocation yearly, submit their rostered minister's annual report to the bishop, and complete professional boundaries training every 2 years. Grants may be denied to leaders who have not met these expectations. If you have not met these guidelines, but feel you have compelling reasons for exception, please provide information in the comments area.

It is also expected that recipients of debt-reduction grants be actively engaged in practices that develop healthy financial habits. Our church generously provides resources to support Rostered Ministers in developing financial health through services provided by Portico Benefits and Lutheran Social Services of Minnesota Financial counseling. These services are free of charge. Rostered Ministers need to engage in these resources prior to applying for debt-reduction grants. [Here](#) is the link to Portico's landing page that explains our partnership. Applicants can get information here on scheduling an appointment and our services.

Ready to get started?

- **Call 800.528.2926** to schedule an appointment with a certified Lutheran Social Services of Minnesota Counselor over the phone. Calling is the preferred method of contact.
- **Identify** that you were referred by Portico.
- **Make an Appointment.** Depending on your availability, appointments are available as soon as the same day or within 2-3 days.
- **Attend.** Once you've participated in your first appointment, ask for a "Certificate of Attendance" and submit with this application
- **Email the application with the signed privacy notice and documentation to:**
Matthew Nygard - matthew@wndsynod.org
- **If a new grant participant, please provide your SSN or W-9.**

Questions? Call the synod office 701-223-5312 or Matthew 701-223-1248.

APPLICATION

Name _____ Email _____
 Address _____ Phone _____
 City, State Zip _____

How long have you served the Western North Dakota Synod:

List Congregations and years Served:

Expectations of Application:

List call status as Full Time or corresponding part time fraction:		
I am currently serving a congregation in the WND Synod	YES	NO
Date I last submitted my annual report to the bishop and reviewed his responses:		
I participated in 2025 Synod Assembly	YES	NO
I participated in 2025 Bishop's Convocation at Metigoshe	YES	NO
Date of last boundaries workshop training attended:		
If prior to 2025, do you intend to participate in a training in the next 12 months?	YES	NO
I have visited the Resourceful Servants Website (www.resourcefulservants.org)	YES	NO
I engaged LSS of Minnesota Financial Counseling and have developed a financial plan.	YES	NO
I have completed the retirement planning tool on myportico.porticobenefits.org	YES	NO
I am consulting with a financial planner through:	Portico benefits other: _____ I am not currently consulting with a financial planner, but I agree to:	

Information Related to Student Loans:

Describe any congregational loan forgiveness or debt reduction:

My total current student debt: \$ _____
 My total monthly payments: \$ _____
 My interest rate: _____ %

Primary Lender: _____
Payment Address: _____
City/ST/Zip: _____
Account #: _____
Name on Loan: _____
Other Details: _____

If you have a FedLoan, state below if you have applied for the public service loan forgiveness program and provide the status:

Seminary/Undergraduate Loan

Attach supporting documentation for all payments made Jan 1 - Dec 31, 2025

January	\$
February	\$
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$

PRIVACY STATEMENT: PLEASE READ AND SIGN

We are strongly committed to respecting your privacy and protecting the personal identifiable information that you share with us. The purpose of this Privacy Statement is to inform you as to how we: a) collect and use your information; and b) protect your information. Through the application, we collect your personal information, which allows the Endowment Fund Committee to make informed and competent grant determinations. We may share your personal information with our staff and advisory team for the purpose of making grant decisions. Staff and the advisory team will not use or share your personal information for unauthorized purposes.

We reserve the right to amend or change this Privacy Statement at any time. In the event of any such amendment or change, we will email you notice of the same to the email address provided to us in your application.

I hereby confirm that I have read and understood, and agree to be bound by, the terms of this Privacy Statement. If submitting electronically from my email, my typed name serves as my binding signature.

Applicant:

<hr/>		
Signature	Printed Name	Date

Spouse:

(if applicable)

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Signature	Printed Name	Date