



## APPLICATION FOR ACCESS SCHOLARSHIPS

This form must be submitted by applicants for all scholarships, (including *campus ministry, spouse, and MTW*). This form cannot be processed until every item is completed. Please note that no scholarships are available for St. Louis campus students taking ACCESS courses or for Continuing Education or Audit Students. Federal loans are not available to Access Students. Re-application is only necessary if your status changes.

|   |  |  |       |                    |
|---|--|--|-------|--------------------|
| <b>Personal Information</b>   |  |  |       |                    |
| Name: _____   |  | Social Security Number: _____  |       |                    |
| Spouse's Name: _____  |  | Spouse's Social Security Number: _____   |       |                    |
| Address: _____  |  |  |       |                    |
| Number/Street/Apt   |  | City   | State | Zip                |
| Home Phone: _____   |  | Work Phone: _____  |       |                    |
| Email (if any): _____   |  | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(if no, please submit copy of Green card)</small> |       |                    |
| Date of Birth: _____  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |       |                    |
| Occupation: _____   |  | Spouse's Occupation: _____   |       |                    |
| <b>PRIVACY NOTICE:</b> Until I give you further written notice, you may discuss my financial aid with myself and (check one)...                                     |  |  |       |                    |
| <input type="checkbox"/> My spouse  |  |  |       |                    |
| <input type="checkbox"/> Other (name) _____ Relation _____ Phone number _____   |  |  |       |                    |
| <input type="checkbox"/> Just myself  |  |  |       |                    |
| <b>Church Information</b>   |  |  |       |                    |
| Membership at: _____  |  | Date Joined: _____   |       |                    |
| Pastor's Name: _____  |  |  |       |                    |
| Church Address: _____   |  |  |       |                    |
| Number/Street/Apt.  |  | City   | State | Zip                |
| What denomination?  |  | <input type="checkbox"/> PCA <input type="checkbox"/> Other: _____   |       |                    |
| <i>If PCA, home presbytery?</i>   |  |  |       |                    |
| <b>Educational Plan:</b> <input type="checkbox"/> M.Div. <input type="checkbox"/> MATS <input type="checkbox"/> M.A.E.M. <input type="checkbox"/> Grad. Certificate |  |  |       |                    |
| Anticipated number of credits/hours:  |  | Summer (20__): _____   |       | Fall (20__): _____ |
|   |  | Spring (20__): _____   |       |                    |

## Financial Information:

|  |          |  |
|--|----------|--|
| Applicant's annual income:   | \$ _____ | Do you anticipate your church or another source helping you pay your tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse's income:   | \$ _____ | If so, how much do you anticipate?   |
| Savings/Funds:<br>(excluding tax-deferred retirement plans)  | \$ _____ | Family Size: _____ (include self, spouse, dependent children)  |
| Miscellaneous Income:<br>(i.e. child support, VA benefits, social security benefits, etc. Please specify in the space to the right.) | \$ _____ |  |
| <b>TOTAL RESOURCES:</b>  | \$ _____ |  |
| <i>Please explain why you are applying for financial aid:</i>  |          |  |
| <br><br><br><br><br>   |          |  |

Please use an additional sheet to explain any circumstances that you feel the Financial Aid Committee should be aware of when considering your application for financial aid.

### Verification Statement/Release of Information (please initial)

I affirm that the information supplied on this application is true and accurate to the best of my knowledge, and I authorize the Financial Aid Committee to exchange information concerning my educational financial assistance, grades, and personal conduct with any federal, state, public or private organization or sponsor(s) for purposes of receiving or maintaining financial aid.

### Financial Aid Handbook Required Reading and Policies (please initial)

I have read and completely understand the *Financial Aid Handbook*.

I agree to report additional financial aid received and/or any change in my ministry, marital or financial status to the Director of Financial Aid.

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Student's Name

Date Completed