



FINANCIAL AID APPLICATION

Name _____
Last First MI Maiden Social Security Number

Address _____
Street Apt # City State Zip

Telephone Number _____ E-mail Address _____

Driver's License No. _____ Birth date _____
State Month/Day/Year

Will you be a: ___New Student ___ Continuing Student ___Returning Student from Inactive Status

Anticipated Date of Graduation _____ Month _____ Yr.

Please indicate the number of hours you plan to enroll for each semester:

Masters level Fall and Spring Full-time is 9+ hours; Part-time is 6-8 hours;

Summer Full-time is 4+ hours; Part-time is 2-3 hours

Doctor of Ministry level Fall, Spring, and Summer Full-time is 4+ hours; Part-time is 2-3 hours

_____ Fall 2017 _____ Spring 2018

PLEASE NOTE: You must be enrolled at least part-time per semester to be considered for financial aid. Any break in enrollment must be reported to the Financial Aid Office and may affect your loan.

Will you receive funding for school other than Federal Stafford Loans?

___ Yes ___ No .

___ Tuition Reimbursement from Employer: \$ _____ (circle one) per class, semester, year

___ GBHEM or UMHEF Scholarship: \$ _____ (circle one) per semester, per year

___ Other-Outside Scholarship _____ \$ _____ (circle one) per semester, year

I understand that I am required to comply with the academic progress and SAP requirements of Saint Paul School of Theology set forth in the Student Handbook. Failure to do so will result in the loss of eligibility to receive financial assistance during future terms of enrollment. I certify that all information on this form is complete and accurate. I understand that I am responsible for all necessary forms needed by the Financial Aid Office, and that if a form is filled out incorrectly, I will be required to submit another form. If necessary information is missing from my file, my eligibility for financial aid cannot be determined.

Student's Signature

Date