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:
Maters 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   2018   _____ Spring   2019

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