

## APPLICATION FOR FINANCIAL AID

This application is for financial aid for the term begin	nning (mo	onth),
(year). You will need to submit your tax form for the	e most recent tax year.	If married and filing
separate, your spouse's 1040 information will be rec	uired also.	
I. Personal Information		
Name		
US Citizen? Date of Birth / /		
Mailing address		
Phone (home) (cell)		
Email		
Spouse's Name Spou	se' Occupation	
Degree in which you are enrolled: BTh MD	iv	

II. Church Information	
Home Church	Pastor's Name
Church's address	Denomination
Which Practicum Track are you considering?	
Pastoral Ministries (Non Pa	storal) Workplace
If Pastoral and PCA are you under care?	
Of what Presbytery?	<u> </u>
Is your church willing to help with your finance	ial needs with MBS?
III. Financial Information  Tell us something about your situation to bette much room as you need (add a page) – please is Are you married?  Children?	
Ages?	
Where are you living? (Apartment, Parents, Fr	riends)
Are you working? Tell us about it.	
Is your spouse working?	

The following is to be based	on your total anticipa	ted annual income.
Applicant's income (gross)	\$	
Spouse's income (gross)	\$	
Other income or grants	\$	
Support from church	\$	
Miscellaneous	\$	child support, SS Benefits, etc. Please exp
	uition reimbursement,	child support, SS Benefits, etc. Please exp
FOTAL INCOME	\$	
Do you tithe?		
What do you give to your ch	urch, charities, etc. \$	
V. Debt Information		
What is your (and spouse's i	f applicable) total deb	t including your mortgage?
	Monthly Payment	Balance
Educational debt	\$	\$
Spouse's education debt	\$	\$
Credit Card debt	\$	
Car debt	\$	
Mortgage/rent	\$	
Other debt	\$	\$

PLEASE COMPLETE AND SEND TO <u>ADMIN@METROBALTIMORESEMINARY.ORG</u>