

Application:

Financial aid

In addition to completing this form, please complete the Free Application for Federal Student Aid (FAFSA) which can find at <http://www.fafsa.ed.gov>, request it be sent to Bexley Seabury ; school code G37473

PERSONAL INFORMATION

Name: _____

SSN #: _____ Date of birth: _____

If you are an international student, complete the following:

Visa type: _____ Country: _____

If you are a U.S. Citizen or Permanent Resident, complete the following:

Hispanic, Latinx

- | | |
|---|--|
| <input type="checkbox"/> African American, Black | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian, Alaska Native | <input type="checkbox"/> White, European American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please specify) |

Home address

Street: _____

City: _____ State: _____ Zip code: _____

Phone number: (preferred) _____

Email address: _____

Home congregation

Street: _____

City: _____ State: _____ Zip code: _____

For DMin applicants only

Role in Home Congregation (if applicable) _____





PERSONAL INFORMATION CONTINUED

Home Diocese

Street: _____

City: _____ State: _____ Zip code: _____

FEDERATION PROGRAM

- MDiv
- Diploma in Anglican Studies
- Certificate in Congregational Development
- DMin in Preaching
- Diploma in Congregational Development
- DMin in Congregational Development
- Unclassified

Status: Single Married/Partnered

If you are studying less than full-time, for which courses are you requesting aid?

Course	Term
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Anticipated completion of program: Month _____ Year _____



FINANCIAL DATA

1. **Prior student loan indebtedness before beginning program:** _____

2. **Unusual expenses** (e.g. medical expenses not covered by insurance): _____

3. If your income will be substantially less or more than reported on your most recent FAFSA, please provide the following information. (Estimates in this section must include all taxable and non-taxable income received from January–December plus estimated amounts which you expect to receive):

Student/spouse information:

Student’s January–December anticipated gross earned income (including unemployment compensation): _____

Spouse’s January–December anticipated gross earned income (including unemployment compensation): _____

Total: _____

4. **Student’s outside resources:**

Congregation: _____

Diocese: _____

Veteran’s programs: _____

Other scholarship: _____

Personal: _____

5. If you are *not* matriculated in the Bexley Seabury MDiv program please complete the following:

Estimated Expenses

Tuition (number of credits X per credit hour): _____

Books and supplies: _____

Housing/lodging: _____

Food: _____

Transportation: _____

Visa (for international students): _____

Other (please list): _____

Total Education Expenses: _____



STUDENT CERTIFICATION AND SIGNATURE

I certify that the information on this form is complete.

Signature

Date

Some scholarship sources request more than “directory information” as defined by the Family Educational Rights and Privacy Act (FERPA). Please check the appropriate box below:

- I grant permission to disclose biographical information to donors, congregations, and scholarships.
- I do not grant permission to disclose biographical information to donors, congregations, and scholarships.