

# North Park Theological Seminary

## Financial Aid Application

Please type or print. Students must maintain a cumulative 2.5 GPA while enrolled in order to be eligible for aid from North Park, with the exception of the academic scholarships [3.0 needed]. All students applying for need based aid from North Park must fill out a FAFSA form, available from the Admissions Office. Keep a copy of this for your records.

Name: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Married?  Yes  No      Number of Dependent Children: \_\_\_\_\_

Application for:      Degree or Program Course of Study: \_\_\_\_\_

Fall

Spring

Year \_\_\_\_\_

Check all that apply:

I am applying for any scholarships and grants from North Park for which I am eligible.

I am applying for federal aid.

Date FAFSA form completed and mailed in: \_\_\_\_\_

Note: All need based aid from North Park requires the submission of a FAFSA with the exception of SemConnect students.

Home Congregation: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Note: The Admissions Office will send a request for financial support letter to your home congregation if you fill out the attached request form.

Name: \_\_\_\_\_

**Current Debt:**

Loans/indebtedness:

School loans	\$ _____	.00
Car loans	\$ _____	.00
Personal loans (not including mortgage)	\$ _____	.00
Other loans	\$ _____	.00
<b>TOTAL</b>	<b>\$ _____</b>	<b>.00</b>

**Estimate of expected resources/income for the year once you start studies:**

List dates that this data refers to (Month/Year): From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Summer earnings to be applied to academic year	\$ _____	.00
Student's anticipated earnings	\$ _____	.00
Spouse's anticipated earnings	\$ _____	.00
Assistance from parents or other relatives	\$ _____	.00
Savings/liquid assets to be used this year	\$ _____	.00
Support from friends	\$ _____	.00
Support from church and church-related organizations	\$ _____	.00
Denominational support	\$ _____	.00
Other grants and scholarships (not from North Park)	\$ _____	.00
Veteran's benefits	\$ _____	.00
Other sources (specify) _____	\$ _____	.00
_____	\$ _____	.00
_____	\$ _____	.00
<b>TOTAL</b>	<b>\$ _____</b>	<b>.00</b>

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information I have given on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

- |                    |                      |
|--------------------|----------------------|
| 1. C / NC          | 6. Pres. Scholarship |
| 2. Academic -- N L | 7. Cov. Inst.        |
| 3. Travel          | 8. Cov. Internat.    |
| 4. Airline         | 9. Swedish X         |
| 5. Camp            | 10. Cov. AA or HA    |