



SEMINARY OF THE SOUTHWEST

AN EPISCOPAL SEMINARY

FINANCIAL AID EVALUATION

PROGRAM: (CHECK ONE)

- ☐ Master of Arts in Divinity
- ☐ Master of Arts in Divinity - Hispanic Church Studies
- ☐ Master of Arts in Religion
- ☐ Master of Arts in Clinical Mental Counseling
- ☐ Master of Arts in Chaplaincy and Pastoral Care
- ☐ Master of Arts in Spiritual Formation
- ☐ Diploma in Anglican Studies
- ☐ Diploma in Theological Studies

FALL NUMBER OF HOURS _____

- ☐ Part Time Student (3 - 11 hrs)
- ☐ Full Time Student (12+ hrs)

SPRING NUMBER OF HOURS _____

- ☐ Part Time Student (3 - 11 hrs)
- ☐ Full Time Student (12+ hrs)

SUMMER NUMBER OF HOURS _____

- ☐ Part Time Student (3 - 11 hrs)

SHOULD WE INCLUDE THE FEDERAL LOAN ON YOUR
AWARD LETTER

- ☐ YES
- ☐ NO

NAME _____

DATE OF APPLICATION _____

TERM _____

FOR OFFICE USE

| | CALCULATED NEED | AWARD |
|---------------|-----------------|---------|
| INCOME | \$ _____ | |
| EXPENSES: | \$ _____ | |
| NEED: | \$ _____ | |
| FALL GRANT: | \$ _____ | _____ % |
| SPRING GRANT: | \$ _____ | _____ % |
| SUMMER GRANT: | \$ _____ | _____ % |
| SHORTAGE: | \$ _____ | |
| FAFSA: | YES _____ | |
| | NO _____ | |

IMPORTANT: Please complete the FAFSA (Free Application for Federal Student Aid) as part of your application

School Code: G03566

<http://www.fafsa.ed.gov>

501 E. 32ND STREET ~ AUSTIN, TX 78705
PHONE: (512) 472 - 4133 ~ FAX: (512) 472-3098
info@ssw.edu ~ www.ssw.edu

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONES: HOME _____ AC/ WORK _____ AC/ CELL _____ AC/

E-MAIL _____

☐ SINGLE ☐ MARRIED ☐ OTHER COMMITTED RELATIONSHIP

WILL YOUR MARITAL STATUS CHANGE BEFORE ENTRANCE? ☐ YES ☐ NO

WILL YOUR SPOUSE/PARTNER COME WITH YOU TO SEMINARY? ☐ YES ☐ NO

FULL NAME OF SPOUSE/PARTNER _____
FIRST MIDDLE LAST

SPOUSE/PARTNER PRIMARY PHONE: _____ E-MAIL _____

HOW MANY CHILDREN WILL BE WITH YOU IN SEMINARY? _____

CHILDREN _____
NAME DATE OF BIRTH SEX

NAME DATE OF BIRTH SEX

NAME DATE OF BIRTH SEX

NAME DATE OF BIRTH SEX

ARE YOU REQUESTING SEMINARY HOUSING? ☐ YES ☐ NO

FINANCIAL INFORMATION

PLEASE PROVIDE A BRIEF NARRATIVE DESCRIPTION OF YOUR PRESENT FINANCIAL CONDITION

PLEASE DESCRIBE ANY SPECIAL PERSONAL OR FINANCIAL CIRCUMSTANCES WHICH MIGHT HAVE A BEARING ON YOUR APPLICATION FOR ASSISTANCE

FINANCIAL RESOURCES

DO YOU OWN A HOUSE? ☐ YES ☐ NO

IF YES, IS THIS YOUR HOMESTEAD? ☐ YES ☐ NO

MORTGAGE PRINCIPAL BALANCE \$ _____

PRESENT MARKET VALUE \$ _____

DO YOU/YOUR SPOUSE OWN OTHER REAL PROPERTY? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE

MORTGAGE PRINCIPAL BALANCE \$ _____

PRESENT MARKET VALUE \$ _____

HOW MANY AUTOMOBILES DO YOU OWN? _____

PLEASE PROVIDE YEAR, MAKE, AND MODEL FOR EACH

DO YOU PLAN TO BE EMPLOYED WHILE IN SEMINARY, OTHER THAN IN A SEMINARY-ASSIGNED WORK-STUDY POSITION?

☐ YES ☐ NO IF YES, PLEASE PROVIDE DETAILS _____

DOES YOUR SPOUSE PLAN TO BE EMPLOYED WHILE YOU ARE IN SEMINARY? ☐ YES ☐ NO IF YES, PLEASE PROVIDE

DETAILS _____

ESTIMATE BANK ACCOUNT BALANCES AS OF SEPTEMBER 1: CHECKING \$ _____ SAVINGS \$ _____

LIST OTHER ASSETS, INCLUDING STOCKS, BONDS, CERTIFICATES, RETIREMENT ACCOUNTS, AND GIVE THEIR CURRENT

MARKET VALUE _____

CASH OR LOAN VALUE OF LIFE INSURANCE: \$ _____

OF THESE RESOURCES, HOW MUCH HAVE YOU PLANNED TO USE WHILE YOU ARE IN SEMINARY?

FINANCIAL OBLIGATIONS

LIST YOUR CREDIT CARD AND OTHER CONSUMER DEBT. FOR EACH ENTRY, PROVIDE THE NAME OF THE CARD/ACCOUNT, BALANCE, AND MONTHLY PAYMENT

DO YOU/YOUR SPOUSE/DEPENDENT CHILDREN HAVE STUDENT LOAN DEBT? ☐ YES ☐ NO IF YES, PROVIDE DETAILS

LIST ANY AUTOMOBILE NOTES, PROVIDING LOAN BALANCES AND MONTHLY PAYMENTS

DO YOU HAVE OTHER INDEBTEDNESS OR FINANCIAL OBLIGATIONS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS

FALL APPLICANTS BUDGET ESTIMATE FOR 12 MONTHS BEGINNING SEPTEMBER 1
 SPRING APPLICANTS BUDGET ESTIMATE FOR 6 MONTHS BEGINNING FEBRUARY 1

INCOME

YOUR NET (AFTER TAX) EARNINGS \$ _____

IF MARRIED, SPOUSE'S NET EARNINGS (AFTER TAX) _____

FROM WORKSTUDY (FULL TIME MDIV, DAS, MAR) _____

FROM ASSETS _____

FROM YOUR PARISH (MDIV / DAS) _____

FROM YOUR DIOCESE (MDIV / DAS) _____

FROM RELATIVES AND FRIENDS _____

VETERAN'S EDUCATIONAL BENEFITS _____

FOUNDATIONS (LIST) _____

SCHOLARSHIPS (LIST) _____

OTHER INCOME (LIST) _____

TOTAL RESOURCES
 (BEFORE SSW GRANT) \$ _____

EXPENSES

TUITION \$ _____

BOOKS & SUPPLIES _____

FEES _____

ROOM & BOARD _____

TRANSPORTATION _____

MISCELLANEOUS _____

TOTAL EXPENSES
 (BEFORE SSW GRANT) \$ _____

OTHER SOURCES OF INCOME

WHAT OUTSIDE SCHOLARSHIPS HAVE YOU APPLIED FOR? _____

WHAT IS THE STATUS OF THESE APPLICATIONS? _____

PHILANTHROPIC ORGANIZATIONS (LIST NAMES) _____

OTHER SOURCES (LIST NAMES) _____

FOR MDIV AND DAS STUDENTS, DIOCESAN AND PARISH SUPPORT FORMS ARE DUE BEFORE YOUR AWARD LETTER IS FINALIZED.

CERTIFICATIONS

I certify that this information is true and complete and understand that material omissions or inaccurate information could affect my eligibility for financial aid. I understand that all application materials become the property of Seminary of the Southwest.

SIGNATURE

DATE