

AN EPISCOPAL SEMINARY

RETURNING STUDENT FINANCIAL AID EVALUATION

NAME			
DATE OF APPLICATION			
PROGRAM			
PHONE NUMBER	FOR OFFICE USE		
	CALCULATED NEED	AWARD	
FALL NUMBER OF HOURS	INCOME \$		
☐ Part Time Student (3 - 11 hrs)			
☐ Full Time Student (12+ hrs)	EXPENSES: \$		
	NEED: \$		
SPRING NUMBER OF HOURS			
☐ Part Time Student (3 - 11 hrs)	FALL GRANT: \$	%	
☐ Full Time Student (12+ hrs)	CDDING CDANT 6	0/	
CLIMANED ALLIMADED OF LIQUIDS	SPRING GRANT: \$	%	
SUMMER NUMBER OF HOURS Part Time Student (3 - 11 hrs)	SUMMER GRANT:\$	%	
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SHOULD WE INLCUDE THE FEDERAL LOAN ON YOUR	SHORTAGE: \$		
AWARD LETTER			
□ YES □ NO	FAFSA: YES		
	NO		
	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

RETURNING STUDENT BUDGET ESTIMATE FOR TWELVE MONTHS BEGINNING SEPTEMBER 1

EXPENSES

INCOME

YOUR NET (AFTER TAX) EARNINGS	\$	TUITION	\$	
IF MARRIED, SPOUSE'S NET EARNINGS (AFTER TAX)				
FROM WORKSTUDY (FULL TIME MDIV, DAS, MAR)		BOOKS & SUPPLIES		
FROM ASSETS				
FROM YOUR PARISH (MDIV / DAS)		FEES		
FROM YOUR DIOCESE (MDIV / DAS)				
FROM RELATIVES AND FRIENDS		ROOM & BOARD		
VETERAN'S EDUCATIONAL BENEFITS				
FOUNDATIONS (LIST)		TRANSPORTATION		
		MISCELLANEOUS		
SCHOLARSHIPS (LIST)				
OTHER INCOME (LIST)				
TOTAL RESOURCES (BEFORE SSW GRANT)	\$	TOTAL EXPENSES (BEFORE SSW GRANT)	\$	
(BEI ONE 33W GRANT)	,	(BEI ONE 35W GRANT)	·	
	FINIANCIALI	NEODMATION		
	FINANCIAL	NFORMATION		
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PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PRESENT FINANCIAL CONDITION, INCLUDE ANY CHANGES FROM LAST YEAR'S APPLICATION.				
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.				
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		nr.	NATE:	
	SIGNATUI	KE [DATE	