

Parish Confirmation of Student Financial Support for 2024-2025 Academic Year

This statement is to confirm that the parish	of	
	(name of parish)	
will provide financial support for		for the 2024-25 academic year:
(stude	nt's name)	
\$ toward tuition, textb	ooks, and fees only	
\$ toward housing, other (Please indicate \$0 if none will be availab)		unrestricted use
Do these funds come from a named scholar		ime:
The funds will be payable to (check one):	O the Seminary	O the student
The funds will be sent to (<i>check one</i>):	O the Seminary	O the student
And made available (check one):	O monthly	O two payments (August & January)
	O single payment	O other:
The Parish will also provide support by:	O covering student's health insurance	
(please check any/all that apply)	O covering student's car insurance	
	O covering student's travel for parish meetings	
	O otner	
In order to comply with federal guidelines		· •
each payment to each student account. We	=	
Management with information on all funds knowledge.	given or loaned to thi	s applicant of which we have
Signature of Rector or other designated parish official		date

If the parish requires an invoice from the Seminary in order to transact their funds, please email The Rev. Hope Benko. All funds received by the seminary will be acknowledged with a letter.

Please return the completed form before June 30, 2024 by mail or email: hope.benko@ssw.edu.

Mail: Office of Enrollment Management Seminary of the Southwest 501 East 32nd Street Austin, TX 78705