

GRANT APPLICATION FOR EVANGELICAL THEOLOGICAL SEMINARY

EFC (Estimated Family Contribution from FAFSA): \$ _____

Student Name: _____

Marital Status: _____

Address: _____

Program of Study/Degree: _____

Home Phone or Cell: _____

of Dependent Children: _____

Email: _____

Denomination/Home Church: _____

Estimated Financial Aid (non-loans) to be received for the upcoming Academic Year:

From Home Church: _____ From Relatives: _____

From Denomination: _____ From Friends: _____

From Veteran's Benefits: _____ From Awards: _____

From State & Federal Sources: _____ From Other Sources: _____

Estimated Income for upcoming Tax Year: (Self): \$ _____ (Spouse): \$ _____

Signature: _____

Date: _____

April 30 - Deadline for Application to Main Office
June 30 - New Student Deadline