

Grace Evangelical
COLLEGE & SEMINARY
Financial Aid Application

This application must be received by the Registrar no later than June 1st for the Fall semester and October 1st for the Spring semester.

Student Information:

Student Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Are you married? _____ If so, Spouse name _____

Are you a veteran? Yes No

When do you expect to begin your studies at Grace Evangelical? _____

Will you be attending college for the first time a transfer student a returning student

Employer Name & Address _____

Occupation/Job Title _____ How Long? _____ Phone # _____

Part-time/Full-time? _____

Financial Aid Classification:

Missionary Full-time Pastor Part-time Pastor Single Parent Other: _____

Estimated Household Monthly Income:

Wages, salaries, tips, etc. _____

Interest Income _____

Dividends _____

Business Income _____

Other Income: _____

Child Support _____

Total _____

Do you receive financial assistance of any kind? Yes No

If so, please

explain _____

Property and Insurance Assets:

Current Value:

Amount Owed:

House _____

Other Real Estate _____

Business _____

Automobile _____

Automobile _____

Investments _____

Life Insurance _____

Other: _____

Total: _____

Cash & Savings Accounts:

Current Balance:

Checking	_____
Savings	_____
CD's	_____
IRA's	_____
Other:_____	_____

Do you have a monthly/yearly budget? ___ Yes ___ No

Statement of your need for Financial Aid: Give any unusual circumstances affecting the financial status of your family that would help us to assess your request for financial assistance for the coming year.

What is the minimum amount of financial assistance needed? _____

I certify that all the information included in this application is accurate.

Student Signature _____	Date _____
Parent Signature (if applicable) _____	Date _____

Date received _____
Financial Aid Committee Meeting Date _____
Committee Decision _____
Decision letter sent to student _____