



## 2016-17 Financial Aid Application for International Students

Student's Name \_\_\_\_\_  
Last (family) First Middle

Date of Birth \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Degree Program  M.Div.  MA/M.Div.  GTU MA  MATS

Year in 2016-17  New Student  Continuing Student

First Semester of Enrollment in this program (Sem/Yr) \_\_\_\_\_

Anticipated last term of program with at least half time enrollment status (Sem/Yr) \_\_\_\_\_

Number of units you will enroll in for the Fall 2016 term: \_\_\_\_\_ Spring 2016 term: \_\_\_\_\_

**If less than 9 (minimum full time) please explain:**

- \_\_\_\_ I will be a full-time intern (not eligible for a tuition grant)
- \_\_\_\_ I plan to enroll part-time (minimum 6 units to be eligible for aid).

**Denominational Information:** Are you engaged in your denomination's ordination process? (Yes/No) \_\_\_\_\_

Denomination \_\_\_\_\_

Will you receive aid from your church or denomination? (Yes/No) \_\_\_\_\_ Anticipated amount: \$ \_\_\_\_\_

**Household Information:**

Please list all individuals who will live with you **in the U.S.** and receive more than half of their support from you (and/or your spouse) between July 1, 2015 and June 30, 2016. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program

Full Name Age Relationship to Student College (if applicable)

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**Financial Information—Please report all amounts in U.S. Dollars.**

**Assets: (Student & Spouse)**

(please list all assets—in U.S. and outside U.S.) What is the net worth today?

Cash, Savings and Checking accounts \$ \_\_\_\_\_

Investments (such as stocks, bonds, etc.) \$ \_\_\_\_\_

## Income Information

	Your <u>12 month</u> Income for 2015-16 (July 1, 2015 to June 30, 2016)	Your <u>12 month</u> Income for 2016-17 (July 1, 2016 to June 30, 2017)
Student Work Income	\$ _____	\$ _____
Spouse Work Income	\$ _____	\$ _____
Money from parents/relatives	\$ _____	\$ _____
Money from church	\$ _____	\$ _____
Non-GTU scholarships	\$ _____	\$ _____
Money from other sources not listed above	\$ _____	\$ _____
Total incomes	\$ _____	\$ _____

## Additional Documentation

- A) **Submit copies of your bank statements for the past three months.** Statements are required for each and any bank accounts that you use or will use to fund your 2016-17 tuition and/or living expenses
- B) **Please describe any special circumstances regarding your financial situation,** such as information about dependents, special medical expenses, or any change in employment for you or your spouse, in the space provided below or on a separate sheet.

I certify that the information provided is true and complete to the best of my knowledge and that in order to meet the SFTS institutional financial aid priority deadlines I must submit this application to the SFTS Student Services Office and any additional requirements listed in this application by the published priority deadline for SFTS as found in the financial aid application instructions on their website at <http://sfts.edu>. I agree to notify the SFTS Student Services Office in writing (*letter or e-mail*) of any changes greater than \$500 to the information reported on this application. I understand that my institutional financial aid award is subject to revision based upon changes to any of the above information and that all awards are subject to the availability of funds.

Signature \_\_\_\_\_  
**Please keep a copy for your records**

Date: \_\_\_\_\_  
(mm/dd/yy)

**Submit your completed application in person or via mail, email or fax to:** Director of Student Services, 105 Seminary Road, San Anselmo, CA 94960. Email: [finaid@sfts.edu](mailto:finaid@sfts.edu) Fax: 415-451-2854, Phone: 415-451-2824. *Please contact the SFTS Director of Student Services if you have any questions about SFTS Financial Aid.*