



Student's Name _____
Last (family)
First
Middle

Date of Birth _____ Email: _____

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

Year in 2017-18: 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 2017 term: _____ **Spring 2018 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, 2017 and June 30, 2018. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship to Student	College (if applicable)
	N/A	<i>Spouse/Partner</i>	

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Financial Information – Please report all amounts in U.S. Dollars.

Assets: (Student & Spouse)

Cash, Savings and Checking accounts \$ _____
Investments (such as stocks, bonds, etc.) \$ _____

Income Information

	Your 12-month income for 2016-17 (July 1, 2015- June 30, 2016)	Your 12-month income for 2017-18 (July 1, 2016- June 30, 2017)
Student work income	\$ _____	\$ _____
Spouse work income	\$ _____	\$ _____
Money from relatives	\$ _____	\$ _____
Money from church	\$ _____	\$ _____
Non-GTU Scholarships	\$ _____	\$ _____
Other sources not listed	\$ _____	\$ _____
Total Incomes	\$ _____	\$ _____

Additional Documentation

- A) **Please 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 2017-2018 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 a 2016-17 FAFSA to the federal processor by the published priority deadline for SFTS as found in the financial aid application instructions on their website at www.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 _____ Date: _____
(mm/dd/yy)

Submit your completed application in person or via mail, email or fax to: Director of Student Services, San Francisco Theological Seminary, 105 Seminary Road, San Anselmo, CA 94960. Email: 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.*

Please keep a copy for your records.