



Westminster Seminary California

(for office use only)

Date received _____

Date reviewed _____

Awards _____

APPLICATION FOR FINANCIAL AID

2012-2013

1725 Bear Valley Parkway Escondido, CA 92027-4128
1.888.480.8474 • FAX 760.480.0252
<http://www.wscal.edu>

Please note that in addition to submitting this form, the FAFSA (Free Application for Federal Student Aid) *must* be filed. (For additional FAFSA information, refer to Page 3.) **Grants and scholarships are offered only to students who are full-time, generally defined as 12 units per semester, and who have a gpa of at least 2.0. Loans are offered to students who are enrolled at least half-time with a gpa of at least 2.0.** An additional form is required to apply for student loans.

PERSONAL INFORMATION *(Please type or print clearly in ink.)*

Name: _____
Applicant—Last, First, Middle

Social Security # _____ Birth Date _____

Phone: Home (____) _____ Cell (____) _____ Email _____

Present mailing address _____
Street Apt. #

City State/Province Zip/Postal Code

This address is effective until ___/___/____. After that use _____
Street Apt. #

City State/Province Zip/Postal Code

Marital Status: Single Engaged (wedding date _____) Married

Children: names, date of birth, including year _____

Is your family expecting another child? _____ If yes, what is the due date? _____

Denominational Affiliation _____ I am under care. yes no

Current Church _____ I am a member. yes no

CITIZENSHIP INFORMATION

U. S. citizen or permanent resident? Yes No If no, please fill out the International Financial Aid Form.

I am not certain whether I meet the citizenship requirements for filing a FAFSA.

ENROLLMENT INFORMATION

Program (circle): M.A. / M.Div. Class Standing (circle): junior / middler / senior (If unsure, refer to catalogue)

Date of first entrance to WSC _____ Expected date of WSC program completion _____

Remaining years of study _____

INCOME AND DEBT INFORMATION

If you are a returning student, have you previously received financial aid from WSC? Yes No

Are you expecting to receive **tuition or financial assistance from an outside source (Church, External Scholarship or Private party)**? Yes No

If yes, from what source? _____ Frequency? _____ Amount? _____

_____ Frequency? _____ Amount? _____

_____ Frequency? _____ Amount? _____

Are you a U. S. Veteran? Yes No If yes, will you receive VA benefits while at WSC? Yes No

Which GI Bill? _____ Have you contacted the VA to establish your educational benefits? Yes No Amount for the 2012-2013 year _____

What is your educational debt as of this date? _____

If you are married, what is your spouse's educational debt? _____

Total Educational Debt _____

Circle one.

Living Expense: (this includes rent, utilities, food, transportation & misc. expenses)

12 month budget

Frugal \$18,000	Moderate \$20,160	High \$26,400
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The above is based on an **individual** living expense budget for the San Diego region by www.collegeboard.com and California Student Aid Commission www.csac.ca.gov

Circle one.

Annual Tuition Cost:

3 year MDIV or 2 year MA	35 hours at \$381 per hour	\$13,335
4 year MDIV	28 hours at \$381 per hour	\$10,668
Extended program / full time	24 hours at \$381 per hour	\$9,144

Circle your appropriate fees.

Books and Fees:

Books first year	\$950	Other years	\$750
One time field education fee for MDIV students	\$1,143 (usually charged second semester for a full time student)		
Student Association, Library and Technology fees	\$120 per year for full time students		

Information from the above charts is used to determine Cost of Attendance at WSC and to calculate loan eligibility.

Based on the above expenses and my resources, I anticipate needing \$_____ next year.

FAFSA INFORMATION

You may file the Free Application for Federal Student Aid (FAFSA) online. The WSC Title IV School Code is **G22768**. For further information visit the Federal Student Aid Homepage: www.fafsa.ed.gov. Questions about the FAFSA? Contact the Financial Aid Coordinator at WSC (888)480-8474.

Signature

I affirm that the facts set forth in this application are true and complete. I understand that misrepresentation or omission of facts shall be considered sufficient cause for revocation of a scholarship or grant. I also understand that a) I must be enrolled full time to be eligible for grants and/or scholarships and b) should I drop below full time mid-semester, my award will be affected.

Signature of Applicant _____ Date _____

Return this application form to:

Financial Aid Coordinator
Westminster Seminary California
1725 Bear Valley Parkway
Escondido, CA 92027-4128

In an effort to be fair to our students, Westminster Seminary California reserves the right to adjust need based Grants if new information arises regarding need.