



**Westminster
Seminary California**

(for office use only)	
Date received	_____
Date reviewed	_____
Awards	_____

2017-2018

APPLICATION FOR INSTITUTIONAL SCHOLARSHIPS & GRANTS

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 in at least six units per semester with a minimum gpa of 2.0. This is not the student loan application.**

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

To maximize eligibility, returning students must submit this form and the FAFSA by
March 15, 2017.

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 _____

Years of study remaining including the 2017-18 academic year _____

INCOME AND DEBT INFORMATION

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

Do you anticipate receiving tuition or financial assistance from any source such as your Church, an External Scholarship, Family or a 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 2017-2018 year _____

What is your educational debt as of this date? _____

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

Total Educational Debt _____

Returning students: What is your monthly rent? _____

Estimated Living Expense: [this includes per month expenses for rent & utilities(\$1,030), food(\$447), transportation(\$137) & misc. personal expenses(\$334)]

12 month budget

\$23,376

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

Your living style could increase or decrease this amount.

Annual Tuition Cost Estimates:

3 year MDIV or 2 year MA	35 hours at \$450 per hour	\$15,750
4 year MDIV	28 hours at \$450 per hour	\$12,600
Extended program / full time	24 hours at \$450 per hour	\$10,800

Books, Supplies and Fees:

Books first year	\$950	Other years	\$750	Supplies	\$837(not required)
One time field education fee for MDIV students		\$1,350 (usually charged second semester for a full time student)			
Student Association, Library and Technology fees			\$200	per year	

Based on the above expenses and my resources, I anticipate needing \$_____ for the academic year 2017-2018.

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 aid if new information arises regarding need.

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