



(for office use only)
Date received \_\_\_\_\_
Date approved \_\_\_\_\_

APPLICATION FOR INTERNATIONAL STUDENT 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 International Student financial aid is offered only to students who are enrolled in a Master's degree program as a full-time student, defined as a minimum of 12 hours per semester.

Personal Information (type or print clearly in ink)

Name: \_\_\_\_\_
Applicant—Last, First, Middle Spouse / fiancée — Last, First, Middle

Phone: home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Present mailing address \_\_\_\_\_
Street Apt. # City

State/Province Zip/Postal Code Country

Date of Birth \_\_\_\_\_

Marital Status: Single [ ] Married [ ] if married, will your family be coming with you? Yes [ ] No [ ]

Children (name and date of birth, including year): \_\_\_\_\_

Is your family expecting a child? Yes [ ] No [ ] If yes, what is the due date? \_\_\_\_\_

Denominational Affiliation \_\_\_\_\_

Current Church \_\_\_\_\_ I am a member yes [ ] no [ ]

Citizenship Information

Do you have a visa? Yes [ ] No [ ] If yes, what type? \_\_\_\_\_ and Expiration Date: \_\_\_\_\_

Do you have a passport? Yes [ ] No [ ] If yes, Expiration Date: \_\_\_\_\_

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 completion \_\_\_\_\_

Are you planning to return to your home country after completing your studies at Westminster? yes [ ] no [ ]

**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? \_\_\_\_\_

Is any aid restricted to tuition? Yes  No  If yes,  
Please explain \_\_\_\_\_

Is any aid restricted to living expenses? Yes  No  If yes,  
Please explain \_\_\_\_\_

If you are enrolled in the Master of Arts (2-year) program, do you plan to complete it in two years? Yes  No

If no, please Explain: \_\_\_\_\_

If you are enrolled in the Master of Divinity program (3-year) program, do you plan to complete it in three years?  
Yes  No

If no, please explain: \_\_\_\_\_

Do you anticipate working? Yes  No   
If yes, Anticipated annual earnings \_\_\_\_\_

If you have a spouse with you, will they be working? Yes  No  If yes,  
Spouses anticipated annual earnings \_\_\_\_\_

Do you have Savings set aside for your WSC education? If yes, how much? \_\_\_\_\_

What is your educational debt as of this date? \_\_\_\_\_

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

Total Educational Debt \_\_\_\_\_

**ESTIMATED COST OF ATTENDANCE for 2012-2013** (12 month budget)

**Circle one.**

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

<b>12 month budget:</b>	<b>Low \$18,000</b>	<b>Moderate \$20,160</b>	<b>High \$26,400</b>
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The above is based on an individual living expense budget for the San Diego region by [www.collegeboard.com](http://www.collegeboard.com)

**Annual Tuition Cost:**

<b>3 year MDIV or 2 year MA</b>	<b>35 hours at \$381 per hour</b>	<b>\$13,335</b>
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**Circle the appropriate fees.**

**Books and Fees:**

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

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

***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.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return this application form to:

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