APPLICATION FOR
INTERNATIONAL STUDENT FINANCIAL AID

2018-2019

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. No aid is offered
to students with a GPA below 2.0

Personal Information  (type or print clearly in ink)

Applicant Name: ____________________________________________________________

Name of Spouse/Fiancée: ____________________________________________________

Phone: home (____)____________________ cell (____)________________________E-mail________________

Present mailing address____________________________________________________

Street __________________________________________________________ Apt. # ________ City____________________

State/Province __________________________ Zip/Postal Code __________ Country__________

Date of Birth_________________________ Canadian SIN ________________________

Marital Status: Single ☐ Married ☐ if married, will your family be living with you? Yes ☐ No ☐

Children living with you(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:_________________________

To maximize eligibility, returning students must submit this form by March 15, 2018.
**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, Family, 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:__________________________________________________________________________________________

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? Yes □ No □ 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________________________________________________________________________________________

Do you have health insurance?________________________

Returning students: What is your monthly rent?________________________

Are you planning to request student housing?  
YES □ NO □ NOT SURE
**ESTIMATED COST OF ATTENDANCE for 2018-2019** (12 month budget)

Estimated Living Expense: [this includes per month expenses for rent & utilities off campus($1,080), food($451), transportation($139) & misc. personal expenses($333)]

<table>
<thead>
<tr>
<th></th>
<th>12 month budget:</th>
<th>$24,036</th>
</tr>
</thead>
</table>

The above is based on an individual living expense budget for the San Diego region by www.collegeboard.com

**Anticipated On Campus Student Housing Costs:**

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Monthly Cost</th>
<th>Utilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single students</td>
<td>$500/mo shared apt, own bedroom + utilities</td>
<td>Not shared, same as married</td>
</tr>
<tr>
<td>Married students</td>
<td>1bdrm $750/mo + utilities</td>
<td>2bdrm $950/mo + utilities</td>
</tr>
<tr>
<td></td>
<td>3bdrm $1,150/mo + utilities</td>
<td></td>
</tr>
</tbody>
</table>

**Annual Tuition Cost:**

<table>
<thead>
<tr>
<th>Course Duration</th>
<th>Hours</th>
<th>Rate per Hour</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 year MDIV or 2 year MA</td>
<td>35 hours</td>
<td>$475</td>
<td>$16,625</td>
</tr>
</tbody>
</table>

**Books and Fees:**

<table>
<thead>
<tr>
<th>Description</th>
<th>First Year</th>
<th>Other Years</th>
<th>Supplies</th>
<th>One time field education fee for MDIV students</th>
<th>Student Association, Library and Technology fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books first year</td>
<td>$950</td>
<td></td>
<td>$750</td>
<td>$1,425 (usually charged second semester for a full time student)</td>
<td>$200 per year</td>
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<tr>
<td>Books second year</td>
<td></td>
<td></td>
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<tr>
<td>Books third year</td>
<td></td>
<td></td>
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<tr>
<td>Books other years</td>
<td></td>
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<tr>
<td>Supplies</td>
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Based on the above expenses and my resources, I anticipate needing $__________________ for the academic year 2018-2019.

**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: bclark@wscal.edu or mail to Financial Aid Coordinator
Westminster Seminary California
1725 Bear Valley Parkway
Escondido, CA 92027-4128

To maximize eligibility, returning students must submit this form by March 15, 2018.