



Westminster Seminary California

(for office use only)

Date received _____

Date reviewed _____

Award _____

APPLICATION FOR INTERNATIONAL STUDENT FINANCIAL AID

2017-2018

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: _____
Last, First, Middle

Name of 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 _____ 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, 2017.

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? 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? _____

ESTIMATED COST OF ATTENDANCE for 2017-2018 (12 month budget)

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

Annual Tuition Cost:

3 year MDIV or 2 year MA	35 hours at \$450 per hour	\$15,750
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Books 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.

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

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