

American Baptist Theological Center

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Phone: (626) 584-5583

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Scholarship Fund KOSA

Seminarian Financial Aid Application

This application will be used by the American Baptist Theological Center's Board of Directors/Financial Aid Committee to award financial aid. To be considered for financial aid, a student must:

- *Be admitted into a degree program at Fuller Theological Seminary*
- *maintain a 2.5 or better grade point average,*
- *Be a member of an American Baptist Church or American Baptist Churches of Los Angeles Southwest and Hawaii (ABCOFLASH)*
- *Be involved in ministry, and **active in the church member.***
- ***Be active with ABTC:** Social functions, Seminars' Retreat, ABTC's Annual meeting, and /or stay connected in person or via e-mail. Be come to voluntary at the office or any event.*

The American Baptist Theological Center does not discriminate in the administration of its financial policies on the basis of race, color, gender, marital status, age, handicap, or national/ethnic origin.

Please complete all items on this form, using N/A if an item is not applicable.

Name _____ Fuller G# _____

Current Address _____

Street

City

State

Zip

Phone () _____ () _____

Daytime

Evening

E-mail address _____

Marital Status: ____ Married ____ Single ____ Widowed

Number of dependent children _____ Ages _____

Degree program and area of emphasis _____

Academic quarter and year for which you are requesting aid _____

Will you be a (circle one) full-time or part-time student this quarter?

How many units do you plan to take this quarter? _____

Church membership: _____

Church's Address and Tel. _____

Current ministry involvement in your church: _____

Ministry goal after seminary _____

Which of the following methods do you intend on using to help finance your education? (Circle all that apply.)

Work Savings Scholarships Loans Other

Do you plan to work during the year for which you are requesting aid? Yes / No

Are you currently working? Yes / No _____ Hours per week

If you are married, is your spouse working? Yes / No _____ Hours per week

What is your present savings account balance? \$ _____

What is your present checking account balance? \$ _____

Please indicate your GROSS INCOME from your latest W-2 form \$ _____
(Last year's annual income before taxes)

If you have been awarded any other fellowships, scholarships, and/or grants for this academic year, please list them and include the amount awarded. Total these and divide by 12 for the monthly pro-rated amount. Put it on the appropriate line on the Projected Monthly Income worksheet. *

If there are other fellowships, scholarships, and/or grants for which you have applied but about which you have not heard, please list them:

Monthly Budget Income and Expense Worksheet

Projected monthly income and expenses: pro-rate anything (such as tuition) that you do not pay or receive on a monthly basis.

Projected Monthly Expenses

Housing \$ _____ Circle one: Rent Mortgage

Utilities _____
(Include: gas, electricity, water, cable, telephone)

Insurance: Health _____, Life _____, Auto _____

Medical Expenses _____ Child support or alimony _____

Car payment _____ Auto expenses _____

Debt reduction (Payments on loans/credit cards) _____

Seminary tuition _____ Books for classes _____

Food expenses _____

Other _____ (Include tithe, clothes, and all incidentals.)

Total Monthly Expenses \$ _____

Projected Monthly Income

Your monthly salary/wages/tips after taxes \$ _____

Spouse's monthly salary/wages/tips after taxes _____

Interest income or rental/equity income _____

Aid from church(es)/Aid from student's or spouse's parents _____

Financial assistance -- scholarships/grants pro-rated monthly
(*See page 2.) _____

Child support or alimony _____

Total Monthly Income \$ _____

Less (subtract) Total Monthly Expenses \$ _____

Net Monthly Income or Loss \$ _____

PLEASE SUBMIT a one page typewritten statement

that shares your call to ministry and your ministry goals with this completed application form.

If there is any matter not covered on this application which you would like to bring to the attention of ABTC and the ABTC Financial Aid Committee, **please submit any extra pages as needed.**

I hereby certify that the information on this form is accurate, and that the figures indicate all the funds that I will have available for the academic year for which I have applied. If I acquire additional resources, I will report them, and I understand that they will be considered in making future financial awards to me. I also certify that I have made every effort to raise and/or acquire the necessary resources through all the channels I have available, and that these figures represent my true needs.

Signature _____ Date _____

ABTC gives consideration to financial assistance applications quarterly (fall, winter, and spring). This form must be filled out the first quarter of the academic year for which you apply for financial assistance.

For subsequent quarters,

a letter or an e-mail by the application deadline may be sent to

abtceducation@gmail.com or abtc@fuller.edu that includes the following information:

- ☐ **Statement that you are successfully completing coursework** for the current quarter.
- ☐ **How many units you will be taking the following quarter.**
- ☐ Whether or not your financial situation **has changed appreciably**, and if it has, how it affects your monthly finances.
- ☐ In the future, we need you to promotor a donation to ABTC when you can. (when you are done)This helps our office still open to help the next generation of students. Remember us.

Please prioritize the top three preferred areas in which scholarship would be of the greatest help to you:

Tuition

Housing/utilities

Food

Books

Other living expenses

ABTC-KOSA SCHOLARSHIP FINANCIAL STATEMENT

Academic Year _____

PLEASE TYPE OR PRINT (All Lines must be filled in to be complete) Date: _____

Name and Address of College or Seminary: _____

Phone: _____ Student Status: Full-time Part-time

Degree: B.A. MATM MAT M.Div. D.Min./Ph.D. Other: _____

If Part-time, how many credit hours will you be taking: _____

Name of Applicant: _____

Address Applicant: _____

Home phone #: (____) _____ Cell phone #: (____) _____

E-mail: _____ Expected Graduation Date: _____

INCOME: (Do not include income sought through this application)

* Please fill with ANNUAL financial information

1. Income available to you from all sources:

- a. Savings from summer work other sources that will be available to you at the beginning of academic year
- b. Gross earnings during academic year
- c. Field education
- d. Gross earnings of spouse
- e. Funds available from parents, relatives, friends
- f. From local church
- g. Grants and scholarships from institution you plan to attend
- h. Other institutions
- i. Loans
- j. Veteran's benefits
- k. Other income (specify).....

TOTAL ESTIMATED INCOME

Estimated For this application	For use of financial aid officer
\$	a
	b
	c
	d
	e
	f
	g
	h
	i
	j
	k
\$	

2. Mention any aspect of your financial situation of special significance for consideration of your application: _____

EXPENSES: (if married, include expenses of total family)

* Please fill with ANNUAL financial information

- 3. a. Tuition @ \$_____ per credit (if applicable)
- b. Fees (matriculation, library, graduation, etc.)
- c. Compulsory health insurance
- d. Room (or residence rent, including utilities)
- e. Board (or food) including off-campus meals
- f. Books and other educational supplies
- g. Clothing, laundry and cleaning
- h. Health insurance (if not included in 3c)
- i. Recreation
- j. Incidents
- k. Public transportation
- l. Medical and dental, not insured
- m. Life insurance
- n. Contribution to church
- o. Child care for working parents
- p. Estimated income taxes and Social Security to be paid on income listed
 In 1b, c, d
- q. Other expenses (please specify)
- _____
- r. Debt from previous years that needs to be paid during academic year. . . .
- s. Automobile expenses:
 - (1) Operating cost (includes license, insurance, maintenance, gas) . . .
 - (2) Payments
- 4. Total expenses
- 5. Total estimated income from first page

BALANCE

Estimated For this application	For use of financia l aid officer
	a
\$	b
	c
	d
	e
	f
	g
	h
	i
	j
	k
	l
	m
	n
	o
	p
	q
	r
	s1
	s2
\$	

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