SYNOD OF SOUTH ATLANTIC – PRESBYTERIAN CHURCH (U.S.A.)
THEOLOGICAL EDUCATION SCHOLARSHIP FINANCIAL AID FORM

DATE:_____ FIRST-TIME APPLICANT: ____YES ____NO

ACADEMIC YEAR:_____ EXPECTED GRADUATION DATE_____

NAME:_____
(LAST) (FIRST) (MIDDLE OR MAIDEN)

CURRENT:_____
_____

TELEPHONE: (___) FAX: (___)
MARITAL STATUS (PRESENT):_____DATE OF MARRIAGE:_____

AGES OF CHILDREN:_____, _____, _____, _____, _____

PRESBYTERY:_____

HOME CHURCH:_____PASTOR:_____
ADDRESS:_____

PHONE:_____

ESTIMATED INCOME

Savings of Applicant and Spouse	_____
Student's Income	_____
Earnings of Spouse After Taxes_	_____
Income from Parents of Applicant & Spouse	_____
Income from Home Church	_____
Income from Presbytery	_____
Income from friends & relatives	_____
Grants & Scholarships-specify:	_____
_____	_____
_____	_____
Loans-specify source:	_____
_____	_____
_____	_____
Other income-specify source:	_____
_____	_____
_____	_____
TOTAL ESTIMATED INCOME	_____

ESTIMATED EXPENSES

Tuition	_____
Fees	_____
Room (or rent)	_____
Utilites	_____
Board (Food)	_____
Books & Educ.Supplies	_____
Clothing,Laund,Cleaning	_____
Telephone	_____
Medical/Dental Exp.	_____
Church/Charities	_____
Recreation, Incidentals	_____
Automobile Expenses	_____
Payments	_____
Operation/Maintenance	_____
License/Insurance	_____
Other Transportation	_____
Insurance Premiums	_____
Life	_____
Medical`	_____
Childcare for working Parent	_____
Other Expenses – Specify:	
_____	_____
_____	_____
_____	_____
TOTAL ESTIMATED EXPENSES	_____