

**GRACE PRESBYTERY SCHOLARSHIP FUND APPLICATION  
FOR STUDENTS UNDER CARE OF GRACE PRESBYTERY  
ACADEMIC YEAR**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

Name of Spouse \_\_\_\_\_ Marital Status \_\_\_\_\_

Names/birthdates of children \_\_\_\_\_

Seminary attending \_\_\_\_\_

Program of study:  M.Div.  MACE  MATS  Th.M.  Other (please specify)

\_\_\_\_\_

**Amount of aid requested:** \_\_\_\_\_

(Awards of \$500 - \$3000 will be made based on need and number of applicants.)

Please list all current employers and/or plans for future employment:

# FINANCIAL INFORMATION

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## INCOME:

Wages - Student	_____	per month	_____	annual
Wages - Spouse	_____	per month	_____	annual
Child support received:	_____	per month	_____	annual
Other ( <i>Specify:</i> _____)	_____	per month	_____	annual
Congregational support	_____		_____	annual
Family/Friends	_____		_____	annual
Presbytery support/scholarship	_____		_____	annual
Synod of the Sun scholarship/grant	_____		_____	annual
PC(USA) scholarship/grant	_____		_____	annual
Foundation/Corporate scholarship/grant	_____		_____	annual
Seminary scholarship/grant	_____		_____	annual
Other scholarship/grant (specify)	_____		_____	annual

## ASSETS:

Cash/Savings	_____	amount
Investments (CDs, stocks, bonds, etc.)	_____	amount
Retirement savings (IRA, 401k, etc.)	_____	amount
Real estate (no mortgage)	_____	amount
Automobile (w/clear title)	_____	amount
Other ( <i>Specify:</i> _____)	_____	amount

**TOTAL INCOME/ASSETS:**

\_\_\_\_\_ **TOTAL**

# FINANCIAL INFORMATION

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## EXPENSES:

Other scholarship/grant ( <i>Specify:</i> _____ )	_____	per month	_____	annual
Annual school tuition	_____		_____	annual
Special programs/study ( <i>Specify:</i> _____ )	_____		_____	annual
Fees ( <i>Specify:</i> _____ )	_____		_____	annual
Books	_____		_____	annual
Rent/mortgage	_____	per month	_____	annual
Utilities (electric, gas, water, etc.)	_____	per month	_____	annual
Telephone (land line, cell, fax)	_____	per month	_____	annual
Food/household	_____	per month	_____	annual
Auto loan	_____	per month	_____	annual
Gasoline	_____	per month	_____	annual
Clothing	_____	per month	_____	annual
Health insurance	_____	per month	_____	annual
Medical/Dental	_____	per month	_____	annual
Dependent Allowance	_____	per month	_____	annual
Child care	_____	per month	_____	annual
Child support	_____	per month	_____	annual
Life insurance	_____	per month	_____	annual
Charitable donation	_____	per month	_____	annual
Other ( <i>Specify:</i> _____ )	_____	per month	_____	annual

**TOTAL EXPENSES:** \_\_\_\_\_ per month \_\_\_\_\_ annual

# FINANCIAL INFORMATION

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## STUDENT (AND SPOUSE) INDEBTEDNESS:

Federal Subsidized Stafford Loan (Undergraduate)	_____	student	_____	spouse
Federal Unsubsidized Stafford Loan (Undergraduate)	_____	student	_____	spouse
Federal Subsidized Stafford Loan (Graduate)	_____	student	_____	spouse
Federal Unsubsidized Stafford Loan (Graduate)	_____	student	_____	spouse
Federal Perkins Loans	_____	student	_____	spouse
PC(USA) Loans	_____	student	_____	spouse
Loans from family members	_____	student	_____	spouse
Other educational loans	_____	student	_____	spouse
Credit cards	_____	student	_____	spouse
Line of credit	_____	student	_____	spouse
Mortgages	_____	student	_____	spouse
Other revolving credit	_____	student	_____	spouse

**TOTAL INDEBTEDNESS:** \_\_\_\_\_ student \_\_\_\_\_ spouse