



**NEW BRUNSWICK  
THEOLOGICAL SEMINARY**

**APPLICATION FOR STUDENT FINANCIAL AID  
ACADEMIC YEAR 2006-2007**

PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Maiden

ADDRESS: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Code Cell phone number Home Phone Number

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Student's Employer (If Applicable) Work Phone Number

MARITAL STATUS:  Married  Separated  Divorced  Widowed  Single

CITIZENSHIP STATUS:  US Citizen  US Permanent Resident  International (specify visa/status)

SPOUSE'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IS SPOUSE A STUDENT?  Yes  No / IF YES, WHERE and WHAT STATUS: \_\_\_\_\_  
Full/Part time, etc.

NAMES AND BIRTHDATES OF ALL DEPENDENT CHILDREN: \_\_\_\_\_

\_\_\_\_\_

HOUSING STATUS (when enrolled):  On Campus  Off Campus  With Parents/Relatives

DENOMINATION: \_\_\_\_\_ HOME CHURCH: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

CLASSIS, PRESBYTERY, CONFERENCE, DIOCESE, ASSOCIATION: \_\_\_\_\_

## ENROLLMENT INFORMATION

DEGREE PROGRAM: \_\_\_\_Master of Divinity \_\_\_\_Master of Arts

CAMPUS: \_\_\_\_ New Brunswick \_\_\_\_ New York      **REQUIRED: EXPECTED GRADUATION DATE:** \_\_\_\_\_

ANTICIPATED ENROLLMENT (*number of credit hours*): \_\_\_\_Fall \_\_\_\_Spring \_\_\_\_Winter/Summer \_\_\_\_Total

**IMPORTANT NOTE:**      **YOU MUST BE ENROLLED FOR A MINIMUM OF 6 ACADEMIC CREDIT HOURS DURING FALL AND/OR SPRING SEMESTERS TO BE CONSIDERED FOR FINANCIAL AID. CPE AND SUPERVISED MINISTRY ARE NOT CALCULATED AS ACADEMIC CREDIT HOURS.**

## FINANCIAL INFORMATION

### STUDENT RESOURCES FROM INCOME AND SAVINGS

|   | 2005      | 2006      |
|---|-----------|-----------|
| Gross Earnings of Student   | \$        | \$        |
| Gross Earnings of Spouse  | \$        | \$        |
| Gross Earnings of Student Supervised Ministry   | \$        | \$        |
| Other Assets ( <i>savings, investments, trust funds, etc.</i> )   | \$        | \$        |
| Other Income ( <i>social security, AFDC, child support, disability, unemployment, etc. please specify</i> )     | \$        | \$        |
| Other Income ( <i>money paid by family member or friend towards educational expenses, etc. please specify</i> ) | \$        | \$        |
| <b>Total Student Resources from Income and Savings</b>  | <b>\$</b> | <b>\$</b> |

Will you continue to be employed while your are enrolled? \_\_\_\_Yes \_\_\_\_No    If yes, will your employment status change?(full time to part time, etc.) \_\_\_\_Yes \_\_\_\_No    Please provide documentation of your current/anticipated employment status.

### SUMMARY OF STUDENT AND SPOUSE INDEBTEDNESS

(Attach additional sheet if necessary)

| Debt Owed To              | Amount Borrowed | Remaining Balance | Monthly Payment |
|---------------------------|-----------------|-------------------|-----------------|
|                           | \$              | \$                | \$              |
|                           | \$              | \$                | \$              |
|                           | \$              | \$                | \$              |
|                           | \$              | \$                | \$              |
| <b>Total Indebtedness</b> | <b>\$</b>       | <b>\$</b>         | <b>\$</b>       |

PREVIOUS EDUCATIONAL LOANS\*\*

| Education Loan Program  | Amount Borrowed | Remaining Balance | Monthly Payment |
|---|-----------------|-------------------|-----------------|
| Perkins Loans   | \$              | \$                | \$              |
| William D. Ford Federal Direct Loans  | \$              | \$                | \$              |
| Federal Stafford Subsidized Loans <i>(formerly Guaranteed Student Loan)</i> | \$              | \$                | \$              |
| Federal Stafford Unsubsidized Loans   | \$              | \$                | \$              |
| Supplemental Loans to Students (SLS)  | \$              | \$                | \$              |
| Other <i>(specify)</i>  | \$              | \$                | \$              |
| <b>Total</b>  | \$              | \$                | \$              |

### STUDENT AID INFORMATION

Has your denomination accepted you as a candidate for ministry? \_\_\_ Yes \_\_\_ No If Yes, When? \_\_\_\_\_

Have you applied for financial aid from:\*

| YES | NO | Financial Aid Source        | Date Applied | Amount Promised** |
|-----|----|-----------------------------|--------------|-------------------|
|     |    | Home Congregation           |              | \$                |
|     |    | Regional Church Body        |              | \$                |
|     |    | National Denomination       |              | \$                |
|     |    | Foundations or Corporations |              | \$                |
|     |    | Other <i>(specify)</i>      |              | \$                |
|     |    | <b>Total</b>                |              | \$                |

\*Seminary policy requires that you request assistance from one or more of these sources before you become eligible for consideration for an award from Seminary resources. If you have a commitment of assistance, please provide timely written verification from the source.

I wish to be considered for the following types of Seminary financial aid: *(Check All That Apply)*

\_\_\_\_\_ NBTS Designated and Undesignated Student Aid *(Enclose any supporting documentation, including a written statement, you want the Scholarship Committee to consider when it evaluates your request.)*

\_\_\_\_\_ Title IV Federal Subsidized Stafford Loan Program. (Based on eligibility, maximum per year is \$8500.)

\_\_\_\_\_ Title IV Federal Unsubsidized Stafford Loan Program. (Based on eligibility, maximum per year is \$10,000.)

\_\_\_\_\_ Extenuating Circumstances Apply *(If you believe there are extenuating circumstances in your situation that the Scholarship Committee should consider when processing your application for financial aid, please submit a description and explanation with this application.)*

Do you have an undergraduate degree? \_\_\_ Yes \_\_\_ No Degree: \_\_\_\_\_

### TITLE IV LOAN PROCEEDS AUTHORIZATION

I authorize New Brunswick Theological Seminary to apply any Title IV Federal Loan funds I receive toward NBTS tuition and fees which are assessed to my student account during the 2006-2007 academic year and to refund any overage to me: **I understand that all other charges are my responsibility, including charges incurred after any overage has been refunded.** I further understand that if my student account is not paid in full by the end of a term I will not be eligible to register for classes in the following term.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT CERTIFICATION

*By my signature below, I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of the Seminary or any institution or organization awarding me student aid on the basis of the information contained in this application, I agree to supply proof of the information that I have given on this form.*

*I agree to notify the Financial Aid Office of any changes to the information provided in this application and/or any additional assistance that I will receive for educational expenses.*

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Return completed and signed application to:

Office of Student Services / Financial Aid  
New Brunswick Theological Seminary  
17 Seminary Place  
New Brunswick, New Jersey 08901-1196  
732-246-5598 voice  
732-545-0802 fax

**TO BE CONSIDERED FOR NBTS DESIGNATED/UNDESIGNATED AID, FILE YOUR NEW F.A.F.S.A. AND RETURN THIS COMPLETED FORM WITH A COPY OF YOUR 2005 FEDERAL 1040 TAX RETURN AND ANY SUPPORTING DOCUMENTATION TO THE ADDRESS ABOVE BY JUNE 15, 2006**