



# ERSKINE

THEOLOGICAL SEMINARY

*For Christ and His Church*

Office of Financial Aid ~ Post Office Box 668 ~ Due West, SC 29639

## Application for Scholarships 2011-2012 Academic Year

Completion of this form is required in order to be considered for scholarships. For information or assistance, contact the Office of Financial Aid at 800.770.6936, 864.379.8886, [etsfinancialaid@erskine.edu](mailto:etsfinancialaid@erskine.edu) or 864.379.8884 (fax).

### New Student

- Summer 2011
- Fall 2011
- Winter 2012
- Spring 2012

### Current Student

- 2011 – 2012 A/Y

### Seeking Residency

- Columbia Campus
- Due West Campus

#### Please consider me for:

**Presbyterian scholarship:** You must submit a letter of “good standing” from your local church session or a letter from your presbytery stating you are a student under care or a member of the presbytery. You must be a member of your local church (or under care of your Presbytery) for at least one year. This letter must be typed on church/presbytery letterhead, and signed by the clerk of the session or presbytery. A letter of good standing is required each academic year by **May 1** in order to be considered for institutional aid in the following academic year.

**Need-based grant:** You must complete the 2011-2012 Free Application for Federal Student Aid (FAFSA) at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The school code for Erskine Theological Seminary is **E00177**.

**Active-Duty Chaplaincy scholarship:** For approved Active-Duty Chaplains Only. You must submit a copy of your "orders for your current assignment" to be eligible.

**NOTE:** Presbyterian scholarships are applicable to all ARP, PCA, PCUSA, EPC, NAPARC, RUF, Campus Outreach and OPC students. Students must be in a degree-seeking program maintaining “satisfactory academic progress”, as defined by their degree requirements for eligibility.

#### Confidential - PART 1

Full Name \_\_\_\_\_  
Last First Middle Preferred

Home Address \_\_\_\_\_  
Number and Street City State Zip

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

Required for all Financial Aid: Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Mobile Number (\_\_\_\_) \_\_\_\_\_

Degree Program \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a U.S. Citizen?  Yes, I am a citizen.

No, I am not a citizen or an eligible non-citizen.

No, but I am an eligible non-citizen. Please provide your alien registration number:

\_\_\_\_\_ Provide a copy of your Alien Registration Card (both front and back) to the Financial Aid Office.

Have you attended any other colleges/universities during the **current** academic year?  Yes  No

If yes, please list school(s) \_\_\_\_\_

Do you plan to live  On campus/Boarding?  Off campus/Commuter?

15 Meals  21 Meals

Do you plan to enroll  Full-time?  Part-time?

List the number of credit hours you will enroll each semester during the 2011-2012 academic period:

Summer 2011 \_\_\_\_\_ Fall 2011 \_\_\_\_\_ Winter 2012 \_\_\_\_\_ Spring 2012 \_\_\_\_\_

**(Application for financial aid is contingent on you registering and enrolling for the hours indicated above.** If you plan to take classes for terms beyond Spring 2012, new forms will be required).

Will your employer pay for part or all of your tuition expenses?  Yes  No

If yes, how much will your employer pay per term/year? \$ \_\_\_\_\_

Will you receive Outside Scholarships (these are scholarships you pursue on your own)?  Yes  No

If yes, how much will you receive per semester or year? \$ \_\_\_\_\_

**PART II REQUIRED FOR ALL STUDENTS: Student must sign.**

#### FINANCIAL AID CREDIT BALANCE AUTHORIZATION

If my financial aid exceeds the charges for tuition, fees, room, and board, and other allowable charges as determined by the Department of Education, I authorize Erskine Theological Seminary to retain a credit balance on my student account, unless I request a refund. I understand that this authorization will remain in effect for all subsequent award years I attend Erskine Theological Seminary until written notification of my intention to rescind this authorization is received by the Office of Financial Aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***Erskine Seminary does not discriminate against applicants and/or students on the basis of handicap, race, sex, color, religion, or national origin. The Seminary will hold all personal financial information in strict confidence.***