Financial Aid Application
2015-2016

Reformed Theological Seminary
2101 Carmel Road
Charlotte, NC 28226
800-755-2429
704-366-5066
Financial Aid & Scholarship Application for the 2015-2016 Academic Year
Reformed Theological Seminary, Charlotte

1. INSTRUCTIONS:
1. When asked for projected estimates, fill in the information with your best estimate of your financial situation, as of June 1, 2015.
2. Return this completed form to the Admissions Assistant.
   Be sure to sign the form in the two places indicated and fill in all blanks.
3. The deadlines for the return of applications are as follows:
   For returning students, Fall 2015 Review deadline May 31, 2015
   For entering students, Fall 2015 Review deadline July 1, 2015
   For entering students, Winter or Spring 2015, or International students: November 1, 2015

Financial Aid forms will not be processed until applicants are admitted into a program.

5. Please Note: Returning students must submit new applications each year for which they wish to be considered for financial aid.

Guidelines for Financial Aid:

1. The Seminary offers three types of financial aid. This aid is given in preference to students who fall under a full-time student status. Students may apply for appropriate aid if they qualify:
   a. Grants: Students who qualify for a grant program will receive a credit toward full tuition. Because maximum individual effort is considered essential, a grant normally will be awarded to students who participate in the Seminary work study program or are employed off-campus.
   b. Work Study: Students granted work study perform in a variety of necessary jobs such as faculty assistants, library assistants, maintenance, bookstore clerks, etc. The amount of work assigned each student is dependent upon the availability of work as well as the funds to finance the program. Normally, work study is between 5 and 10 hours per week. Continuance of work study is dependent upon the satisfactory performance of the student.
   c. International Student Scholarships: By special arrangement prior to enrollment, this scholarship is available to selected international students. Applicants who complete the International Student Application Supplement do not need to also complete the Financial aid application for the 2015-2016 Academic year.

2. Priority and/or special considerations will be given to students with a record of high academic standing and achievements.

3. Students receiving financial aid must normally maintain full-time student status (12 semester hours or more in both the Fall and Spring Semesters). Failure to maintain full-time student status will result in the loss of financial aid for the term in question. Church Partnership and some ministry partnerships are excluded from this policy.

4. Students who maintain full-time status during the regular school year (Fall Semester, Winter Term, and Spring Semester) may receive work study during the summer. Spouses of full-time students may be employed under the provisions of the work study program. If no qualified full-time student is available to fill a needed work study position, part-time students may be offered work study on a term to term basis.

5. RTS does not provide government-based aid. However, if you receive government aid, you may apply for a Military Scholarship.

6. Financial aid is not available for D. Min. students.

7. The Seminary will expect each student to supply his financial needs in the following way:
   a. The student should raise as much continuing support as possible from outside sources including the student’s home church before entering seminary and should keep the Seminary informed of support changes during the period of enrollment.
   b. Savings, investments, etc., generally should be utilized before Seminary financial aid is awarded.
   c. Spouses of students should consider working to relieve the financial burden.

8. Any student receiving financial aid agrees to inform the Financial Aid Committee of any changes in his/her financial status or number of hours enrolled during the year that may affect qualification to receive aid.

Church Partnership Program:

Please refer to the separate sheet for guidelines and instructions regarding the Church Partnership Program. If you wish to seek approval for this program, please note this on the back page of this form. Normally, you must also reapply for Church Partnership Program each year. Students participating in the Church Partnership Program are not eligible for additional RTS financial grants.

I certify that I have read and understand the above information and instructions:

Signature: ___________________________ Date: ___________________________

Revised 3/19/15
MUST FILL IN ALL SECTIONS COMPLETELY

2. GENERAL INFORMATION:

1. Name: __________________________________________

2. Email: __________________________________________

3. Address: __________________________________________
   (Number & Street) (City) (State) (Zip) (Country)

4. Home Phone: _____________________________________

5. Social Security Number: ____________________________

6. Status: Entering Student _____ Returning Student _____

7. Age: ______________

8. Marital Status: ________________________

9. Number & Age(s) of Children: ______________________

10. Home Church (with City, State): ____________________

11. Denomination: ___________________________________

12. Pastor's Name: ___________________________________

13. Expected Enrollment Status for 2015-2016:
   Summer 2015, # of hours: __________
   Fall 2015 # of hours: __________
   Winter 2016, # of hours: __________
   Spring 2016, # of hours: __________

14. RTS degree program: _____________________________

15. Hours Remaining (beginning Fall 2015): ____________

16. RTS G.P.A. (if enrolled): __________________________

3. FINANCIAL ASSETS:

1. Please attach your most recent tax form submitted to the IRS. If you were claimed as a dependent, attach copy of guardian’s tax return.

2. Please fill out current resources, income, and indebtedness, as well as best estimate of these at the anticipated start date of seminary.

   Present
   $ __________________ Cash/Savings
   $ __________________ Checking Account
   $ __________________ Home Equity
   $ __________________ Stocks, Bonds, CDs
   $ __________________ IRA/Keough or vested portion of pension plan
   $ __________________ Any additional financial resources
   (Please attach description of additional resources)
   $ __________________ Total Resources
   Anticipated at start term for '15-'16 academic year
   $ __________________

4. YOUR MONTHLY INCOME DURING THE 2015-2016 ACADEMIC YEAR:

Please list below the amount of monthly income (net income after taxes) that you presently receive and expect to receive from the following sources. Do not include any RTS grants or work study.

   Present
   $ __________________ Your salary/wages
   $ __________________ Your spouse's salary/wages
   $ __________________ Aid from your parents
   $ __________________ Aid from your spouse's parents
   $ __________________ Aid from churches
   $ __________________ Aid from friends
   $ __________________ Any from other source
   (Please specify) $ __________________
   Anticipated at start term for '15-'16 academic year
   $ __________________

$ __________________ Total Monthly Income
   Anticipated at start term for '15-'16
   $ __________________ Total Monthly Income

5. PRESENT INDEBTEDNESS:

   Present Balance $ __________________
   Present Monthly Payments $ ____________
   Educational Loan(s) $ ____________
   Anticipated at start term for '15-'16
   Balance $ ____________
   Monthly Payments $ ____________

Revised 3/19/15
6. MONTHLY EXPENSE BUDGET:

1. Please attach your current monthly expenses.

2. Please fill in the projected budget column with the best estimate of your monthly expenses for the next academic year. The figures at the right are provided as a guide in helping you make your projection. One can live less or more expensively than what is listed below. All amounts should be for a 12 month average. If you have costs that exceed our recommended living amount, please attach explanations to help the financial aid committee in making decisions.

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Your Projected Monthly Budget</th>
<th>Estimate: Single</th>
<th>Estimate: Married, No Children</th>
<th>Estimate: Family with 1 or 2 Children</th>
<th>Estimate: Family with 3+ Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTS Tuition/Fees *</td>
<td></td>
<td>Please See Below (Before Scholarship)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Rent/Mortgage</td>
<td>500**</td>
<td>890</td>
<td>1050</td>
<td>1200</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>245</td>
<td>450</td>
<td>550</td>
<td>615</td>
<td></td>
</tr>
<tr>
<td>Utilities (power, water, phone, trash)</td>
<td>100</td>
<td>200</td>
<td>250</td>
<td>300-350</td>
<td></td>
</tr>
<tr>
<td>Medical Ins.,***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Activity Fees</td>
<td>60 (per semester)</td>
<td>80 (per semester)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Auto Ins.</td>
<td>120</td>
<td>169</td>
<td>239</td>
<td>336</td>
<td></td>
</tr>
<tr>
<td>Auto Payment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Expense</td>
<td>130</td>
<td>110</td>
<td>155</td>
<td>219</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td>20</td>
<td>25</td>
<td>35</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Medical Costs</td>
<td>55</td>
<td>90</td>
<td>180</td>
<td>270</td>
<td></td>
</tr>
<tr>
<td>Incidentals</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Tithes/Offerings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Monthly Breakdown of Tuition/Fees is calculated by the following formula:

\[
\text{[(Annual credit hours (June 1-May 31) X Tuition Rate) + 2(student activities fees)] \div 12}
\]

ex: \[(35 \text{ credit hours} \times $475 = $16,625 + 2($80))\div12= $1400/\text{month approx.}\]

** Based on student living with roommates.

*** This ranges dramatically and we no longer provide a policy for our students.

(If needed, we can connect you with an insurance broker, who works with multiple insurance agencies.)
7. FINANCIAL AID REQUEST
Additional information that you feel would assist in the processing of your application may be included on a separate page. For a full description of each of these programs, please refer to the financial aid brochure or current RTS catalog. Please call the Student Relations Office (1-800-752-4382) if you have any questions.

Basic Tuition Grant  This is a general grant offered as financial need is demonstrated.
Transition Grant  This is a one-time grant for new students to assist with the costs of relocating as a resident student.
Campus Ministry Grant  [Please include a letter of affirmation from your supervisor in campus ministry.] What campus ministry have you been employed by or involved with?
Ministry Partnership Scholarship  [Please include a letter of affirmation from your supervisor in campus ministry.]
You must be on the full-time track, actively on staff, or under special arrangements to receive this scholarship. An academic component or full time status may be required for the scholarship. For more information, please contact the admissions office. See the admissions office for more information.

Select one:  RUF  CRU  CO  YL  Acts 29

International Student Grant
Of what country are you a citizen?  ___________________________  What is your visa status?  ___________________________
To what country and place of service are you preparing to return?  _______________________________________

Church Partnership Program  Please note that students participating in this financial aid program are not eligible for additional RTS grants.
1.  Letter of Support. Students wishing to participate in the Church Partnership Program must submit a letter to the Admissions Office prior to the first day of classes.
2.  Check payable to RTS. A check made payable to RTS should be mailed directly to the RTS Business Office. He or she must present a check from the partner church on or before the first day of classes in order to participate in the Church Partnership Program.

Spouse Scholarship  Check if your spouse is enrolled at RTS.
Your program:  ___________________________  Spouse’s program:  ___________________________

Military Assistance Fund  Please attach documentation of your assistance from or involvement with the government.

Other  Check only if one of the above does not apply to you.

8. WORK STUDY:

1. Do you plan to work while enrolled at RTS?  No  _____  Maybe  _____  Yes  _____
   Which semesters of ’15-’16?  Fall  _____  Winter  _____  Spring  _____  Summer  _____  How many hours?  _______

2. Will you work off campus?  No  _____  Maybe  _____  Yes  _____

3. Do you want to work on campus (through work study)?  No  _____  Maybe  _____  Yes  _____
   Please Note: Work Study Opportunities are provided on an "as available" basis. Confirmation of work study assignments will be made as quickly as possible at or before the beginning of each term. If awarded a work study opportunity, please contact the admissions office to confirm your interest in a work study position.
   If you are applying for work study, please complete the following:
   How many hours would you like to work on campus?  5 hours  _____  10 hours  _____  15 hours  _____
   Your work preferences (choose your preferences and number them 1 through 5):
   Admissions  _____  Faculty Assistant  _____
   Audio-Visual  _____  General Office/Running Errands  _____
   Bookstore  _____  Library  _____
   Maintenance  _____  Word Processing  _____
   Do you have any particular skills or background that may be useful in an RTS work study assignment? If so, please elaborate.

9. YOUR CERTIFICATION:
I confirm that all of the information in this application is accurate to the best of my knowledge. I understand that since financial aid awards are made on the basis of each student's financial situation, I must keep all information concerning my financial aid strictly confidential. I agree to maintain health insurance for myself and my family (if applicable). I agree to inform the Financial Aid Committee of any changes in my financial status during the course of the year that may affect my qualification to receive aid.

Signature:  ___________________________  Date:  ___________________________