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 do not have to maintain full-time status to receive this scholarship. Select one:
  - RUF
  - CCC
  - CO
  - IV
  - YL
- **Minister's Family Grant**  What member of your family is an ordained minister of the Gospel?  __________________________________________
  In what denomination?  __________________________________________
- **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 registration.
  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 registration 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 SCHOLARSHIPS:

1. **Do you plan to work while enrolled at RTS?**  No_____  Probably Not_____  Maybe_____  Likely_____  Yes_____  Which semesters of '07-'08?  Fall_____  Winter_____  Spring_____  Summer_____  How many hours?  __________________________________________

2. **Will you work off campus?**  No_____  Probably Not_____  Maybe_____  Likely_____  Yes_____  __________________________________________

3. **Do you want to work on campus (through work study)?**  No_____  Probably Not_____  Maybe_____  Likely_____  Yes_____  Please Note:  Work Study Scholarships 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 scholarship, please contact the Admissions office to confirm your interest in a work study position.**  If you are applying for a work study scholarship, 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
     - Audio-Visual
     - Bookstore
     - Maintenance
     - Faculty Assistant
     - General Office
     - Library
     - Word Processing
     - Receptionist
     - Running Errands
     - 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:  ______________________________