Financial Aid & Scholarship Application for the 2004-2005 Academic Year
Reformed Theological Seminary, Orlando

1. INSTRUCTIONS:
   1. When asked for projected estimates, fill in the information with your best estimate of your financial situation, as of the beginning of the Fall Semester, 2004.
   2. Return this completed form to the Administrative Assistant of the Student Relations Office. 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/entering students, Fall 2004: First Review deadline Monday, March 1, 2004; Second Review deadline Thursday, April 1, 2004; Third Review deadline Friday, May 14, 2004;
      - For entering students, Winter or Spring 2005, or International students: Monday, November 1, 2004;
   4. After the 3rd Review; financial aid is considered depending on remaining aid; availability of financial aid decreases as each review process is completed. Financial Aid forms will not be processed until applicants are admitted into a program.
   5. Please Note: a. Returning students must submit new applications each year for which they wish to be considered for financial aid; b. Grants are not normally awarded for summer sessions.

Guidelines for Financial Aid:
1. The Seminary offers three types of financial aid. 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. These credits toward tuition are pro-rated over the academic year: 4/9ths for the Fall Semester, 1/9th for the Winter Term, and 4/9ths for the Spring Semester. Because maximum individual effort is considered essential, a grant normally will be awarded to students who participate in the Seminary work scholarship program or are employed off-campus.
   b. Work Scholarships: Students granted work scholarships 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 scholarships are between 5 and 10 hours per week. Continuance of a work scholarship is dependent upon the satisfactory performance of the student. If awarded a work study scholarship, please contact the Student Relations office to confirm your interest in a work study position.
   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 complete the Financial Aid Application for the 2004-2005 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 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. 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 scholarships during the summer. Spouses of full-time students may be employed under the provisions of the work scholarship program. If no qualified full-time student is available to fill a needed work scholarship position, part-time students may be offered work scholarships on a term to term basis.
5. RTS does not provide government-based aid. However, if you receive government aid, you may apply for Military Assistance.
6. Financial aid is not available for D. Min. or Th.M. 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 effect 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. 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: ____________________________
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: ____________________________


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

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

11. Denomination: ____________________________

12. Pastor's Name: ____________________________

13. Expected Enrollment Status for 2004-2005:

   (Only Full Time students are eligible for financial aid)

   Summer 2004, # of hours: ______  Fall 2004, # of hours: ______

   Winter 2005, # of hours: ______  Spring 2005, # of hours: ______


3. FINANCIAL ASSETS:

1. Please attach your most recent tax form submitted to the IRS. If 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 at RTS.

   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 $ ___________________

4. YOUR MONTHLY INCOME DURING THE 2004-2005 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)

   $ ___________________ Total Monthly Income $ ___________________

5. PRESENT INDEBTEDNESS:

Present Balance Present Monthly Payments

   $ ___________________ $ ___________________ Educational Loan(s) Balance $ ___________________ Monthly Payments $ ___________________
   $ ___________________ $ ___________________ Credit Card(s) $ ___________________ $ ___________________ $ ___________________
   $ ___________________ $ ___________________ Auto Loan(s) $ ___________________ $ ___________________ $ ___________________
   $ ___________________ $ ___________________ Other $ ___________________ $ ___________________ $ ___________________
   $ ___________________ $ ___________________ Total Indebtedness $ ___________________ $ ___________________
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. 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></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>350</td>
<td>810</td>
<td>955</td>
<td>1100</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>245</td>
<td>475</td>
<td>560</td>
<td>615</td>
<td></td>
</tr>
<tr>
<td>Utilities (power, water, phone, trash)</td>
<td>65</td>
<td>180</td>
<td>200</td>
<td>260</td>
<td></td>
</tr>
<tr>
<td>Medical Ins.</td>
<td>65</td>
<td>190</td>
<td>295</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Life Ins.</td>
<td>16</td>
<td>28</td>
<td>42</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Auto Ins.</td>
<td>85</td>
<td>85</td>
<td>150</td>
<td>150</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>78</td>
<td>110</td>
<td>125</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td>32</td>
<td>42</td>
<td>52</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Medical</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>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- International Student Grant  Of what country are you a citizen?  What is your visa status?

- 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 Student Relations 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.

- 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 '04-'05?  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 Student Relations office to confirm your interest in a work study position. If 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  Receptionist
   Audio-Visual  General Office  Running Errands
   Bookstore  Library  Word Processing
   Chapel Musician  Maintenance

   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:  ___________________________
The Church Partnership Program (CPP) is a special endowment program utilized to partner with your home church, and is offered in lieu of other financial aid from the Seminary. Students approved to participate in CPP are eligible to receive a CPP tuition scholarship from the Seminary matching the church’s gift up to 1/3 of tuition.

The Church Partnership is designed to assist and encourage students with financial need who wish to pursue seminary on a full-time basis. Thus eligibility is contingent both upon demonstrating financial need and also being enrolled full-time throughout the period in which church partnership is received. Please note that you must reapply for the Church Partnership Program each year.

Before receiving consideration for a Church Partnership Scholarship, the following two items must be received by the Student Relations Office:

1. Completed Financial Aid Application
2. Letter of Support. Following is a sample letter that may be used as a form by a church participating in the church partnership program.

The payment is not due, however, until registration (please make the check payable to RTS). Additionally, a check made payable to RTS may be mailed directly to the RTS Business Office or brought to registration by the student. Please accompany any mailed check with a short note indicating that the check is for the Church Partnership Program.

Any later changes in giving by a supporting church should be reported by the student to the Student Relations Office.

_______________________ (date)

To Reformed Theological Seminary:

________________________________________________ (name of church) has decided to partner with

________________________________________________ (student name) in support during the 2004-2005 academic year (June 2004 - May 2005).

At this time, we expect to contribute ________________ (amount) per year.

________________________________________________ (name)

________________________________________________ (position, i.e. Clerk of Session, Member of Finance Committee, etc.)

________________________________________________ (church address)

________________________________________________ (church city, state ZIP)

________________________________________________ (church phone)

________________________________________________

We at Reformed Theological Seminary are delighted to partner with you to assist in the preparation of this student for Gospel ministry, whether in the church, in teaching, in missions, or however the Lord may lead. We pray that through this partnership, the student may develop a mind for truth, and a heart for God, to the end that the Kingdom of our Lord may be proclaimed.