

## Office of Financial Aid ~ Post Office Box 338 ~ Due West, SC 29639

# Application for Scholarships **2020-2021 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 864.379.6653, email <u>ipturner@erskine.edu</u> or 864.379.3171 (fax).

New Student	Current Student	Seeking Residency		
Summer 2020	□ 2020 – 2021 A/Y	Columbia Campus		
Given Fall 2020		Due West Campus		
Winter 2021				
General Spring 2021				

### Please consider me for: ONLY CHECK ONE

**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. 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.

Presbyterian scholarships are applicable to all ARP, PCA, PCUSA, EPC, NAPARC, RUF, Campus Outreach and OPC students.

**Need-based grant:** You must complete the 2017-2018 Free Application for Federal Student Aid (**FAFSA**) at www.fafsa.ed.gov to be considered for this grant. The school code for Erskine Theological Seminary is **E00177**.

**Chaplaincy scholarship:** For approved Active-Duty Chaplains Only, you must submit a copy of your "orders for your current assignment" to be eligible. For all other Chaplains you must submit a Letter from your Employer stating your job title and good standing.

**Non-Presbyterian scholarship:** For any Non-denominational, AME, Baptist, CME, etc., student. You must submit a letter of Good Standing from your Church, Elder, or District Superintendent stating your status.

**NOTE:** Students must be in a degree-seeking program maintaining "satisfactory academic progress", as defined by their degree requirements and enrolled at least half-time (6 hours per term for master level students, and 3 hours per term for D.Min and Th.M students) for eligibility.

Letters of Good Standing should be mailed to PO BOX 338, Due West, SC 29639.

### Confidential - PART 1

Full Name		First	Middle	Prof	ferred			
		FIISt	Middle	Plei	leneu			
Home Address	nd Street		City	State	Zip			
	Denomination							
Required for all Finance	cial 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 c	copy of your Ali	en Registration Car	d (both front and b	back) to the Fin	ancial Aid Office.			
Have you attended any other colleges/universities during the <b>current</b> academic year? 2 Yes 2 No								
	-)							
If yes, please list school(	s)					_		
Do you plan to live	<ul><li>On car</li><li>15 Me</li></ul>	npus/Boarding eals 🛛 🖬 21 Mea		ff campus/Com	nmuter			
Do you plan to enroll	🔲 Full-tir	ne	🖵 Pa	rt-time				
List the number of credit hours you will enroll each semester during the 2019-2020 academic year:								
Summer 2020	Fa	ll 2020	Winter 20	)21	Spring 20	21		
(This Application is contingent upon your registering and enrolling for the hours indicated above. If you plan to take classes beyond Spring 2021, new forms for 2021-22 are 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 refund the credit balance on my student account, unless I request in writing to have the credit balance retained by ETS. 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.