



# ERSKINE

THEOLOGICAL SEMINARY

*Serving Christ Since 1837*

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

## Emanuel AME Church Scholarship Application

**2021-2022 Academic Year**

Completion of this form is required in order to be considered for this scholarship. For information or assistance, contact the Office of Financial Aid at 864.379.6653, email [jturner@erskine.edu](mailto:jturner@erskine.edu) or 864.379.3171 (fax).

### New Student

- Summer 2021
- Fall 2021
- Spring 2022

### Current Student

- 2021 – 2022 A/Y

### Seeking Residency

- Columbia Campus
- Due West Campus

### For AME Students ONLY:

**Emanuel AME Church scholarship:** You must submit a letter from the Presiding Elder of your conference attesting that you are a member in good standing of the AME Church and a one-page essay written by you explaining how you demonstrate good citizenship and act in a manner that enhances the Seminary's program. You must enroll at least half-time (**6 hours per term for master level students, and 3 hours per term for D.Min and Th.M students**). All documentation is required each academic year by **May 1** in order to be considered for this institutional scholarship for the 2021-2022 academic year.

**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 \_\_\_\_\_

Do you plan to enroll  Full-time  Part-time

List the **number of credit hours** you will enroll each semester during the 2021-2022 academic year:

Summer 2020 \_\_\_\_\_ Fall 2020 \_\_\_\_\_ Spring 2021 \_\_\_\_\_

**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.***