EMERGENCY FINANCIAL ASSISTANCE APPLICATION

(All information supplied on this application will be held confidentially.)

Name:_____ Date:_____

Address:_____

Telephone Number: (H)_____(W) _____

Student I.D. Number:_____Degree Program:_____

_____ Single _____ Married If married, ages of children:_____

Present Employer:_____ Monthly Net Income:_____

Spouse's monthly net income:_____ Additional Income/Financial Support:_____

Date of seminary enrollment:_____ Date of expected graduation:_____

Church Membership:_____

Have you received emergency financial assistance from us before? _____

If so, list date and amounts: _____

Specify the exact amount of emergency financial assistance that you are requesting: _____

Explain in detail why you are applying for financial assistance:

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…….DO NOT WRITE BELOW THIS LINE……FOR OFFICE USE ONLY……

_____ Approved _____Not Approved Date: _____