

ENGLISH DISTRICT FINANCIAL AID INFORMATION FORM

This form must be completed once unless your financial situation or personal circumstances change, and the committee needs to have this new information.

(Use the reverse side if more explanation is needed)

Name: _____ Date: _____

Briefly provide information relating to your **FINANCIAL SITUATION** that would help the committee make a responsible decision:

Briefly provide information relating to your **FAMILY SITUATION** that would help the committee make a responsible decision:

Briefly provide information relating to your **ACADEMIC BACKGROUND** that would help the committee make a responsible decision:

Briefly provide information relating to your **LIFE AS A STUDENT** that would help the committee make a responsible decision.

Briefly provide information relating to the **VOCATIONAL DIRECTION YOU HAVE CHOSEN** that would help the committee make a responsible decision:

I grant permission for the use of my name in conjunction with English District publicity regarding student scholarships.

Synodical School: _____

Program: _____

Synodical School's City: _____

Student's Home Congregation:

Congregation Name: _____

Congregation City, State: _____

Signature of Applicant: _____

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Student E-mail: _____