



Application for Cost of Living & Education Scholarship

INSTRUCTIONS

1. Please print or type in blue or black ink.
2. Please complete all sections.
3. If you have any questions, please call (661) 362-2295 or email kricedorff@masters.edu.
4. Send completed form to:
The Master's Seminary | Financial Aid
13428 Roscoe Blvd, Sun Valley, CA 91352

Due: May 1 for the fall semester
December 1 for the spring

For TMS Use Only	
Date Received:	_____
Scholarship Fund:	_____
Amount of Aid:	_____
Fall _____	\$ _____
Spring _____	\$ _____
Approved by:	_____

STIPULATIONS

1. This fund is intended for students demonstrating financial need while at TMS in the M.Div., B.Th. or Th.M programs.
2. This scholarship is awarded only to students in residency at the LA Main Campus.
3. Priority will be given to students enrolled full time.
4. The availability of funds is contingent upon budgetary approval for each academic semester.

STUDENT PERSONAL INFORMATION

Student ID Number P000 ____ ____	Name: Last	First	Middle Initial
If unknown, use the last 4 of your SSN			
Address: _____			
City:	State/Zip:	Country:	
Email:	Phone Number:		
Wife's Name:	Number of Children:	Ages:	
Are you and international student? _____			
Church Name:	Pastor's Name:		
Church Address: _____			
Church City:	Church State/Zip:	Church Country:	
Ministry Involvement: _____			

ACADEMIC INFORMATION

Current Degree Program:	Graduation Year:	Semester for which you are requesting assistance:
Credit hours completed at TMS:	Number of credit hours in which you intend to enroll:	

FINANCIAL INFORMATION

Number of hours you work each week:

Monthly household income:

Outside sources of support:

Other Grants/Scholarships:

Outstanding debt:

Please explain the financial circumstances that have led you to request tuition assistance:

BUDGET

<u>Budget Item</u>	<u>Monthly Expense</u>	<u>Percentage of Monthly Income</u>
Rent/Mortgage	_____	_____
Utilities	_____	_____
Food	_____	_____
Books	_____	_____
Auto Expenses	_____	_____
Medical	_____	_____
Clothing	_____	_____
Other: _____	_____	_____
TOTALS:	_____	_____

SIGNATURE

My signature below certifies that I qualify for this scholarship based on the stipulations listed above and the above information is true.

Student Signature: _____ Date: _____

Electronic Signatures are not Accepted



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Type of Scholarship Applied for: _____

Student's Full Name: _____

Student's Email Address: _____

I agree to disclose information regarding my student account including, but not limited to: GPA, finances, Ministry Aptitude Score, and future ministry plans. I affirm that this information will be used for Development purposes. I consent to such disclosure.

I agree

APPROVED BY -- Student

ACCEPTED BY -- TMS

Signature

Signature

Printed Name

Printed Name, Title

____ / ____ / ____
Date

____ / ____ / ____
Date