

# Application for STUDENT FINANCIAL AID/2010-2011



Bexley Hall Seminary  
2199 East Main Street  
Columbus, Ohio 43209-2334

BEXLEY  
HALL  
SEMINARY

## PERSONAL DATA

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_  
Street address City and State Zip code + 4

Home telephone number (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_  
Area code Number

Home congregation \_\_\_\_\_

Congregation address \_\_\_\_\_  
Street address City and State Zip code + 4

I will be attending (CHECK ALL THAT APPLY):  Summer Greek  Fall Semester  J-term  Spring Semester

## CLASSIFICATION FOR FALL 2010

DEGREE PROGRAM CLASS STATUS

- |   |                                |                                    |
|---|--------------------------------|------------------------------------|
| <input type="radio"/> Master of Divinity (MDIV) | <input type="radio"/> 1st Year | <input type="radio"/> Single       |
|   | <input type="radio"/> 2nd Year | <input type="radio"/> Married      |
|   | <input type="radio"/> 3rd Year | <input type="radio"/> U.S. Citizen |

Date you expect to complete degree requirements Month \_\_\_\_\_ Year \_\_\_\_\_

I plan to live:  in efficiency studios  in seminary apartments  off campus

Are you also maintaining (commuting from) a separate residence?

## FINANCIAL DATA

1. Student's prior academic indebtedness \$ \_\_\_\_\_  
(before attending Bexley Hall)

2. Unusual expenses (e.g. medical expenses not covered by insurance)

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3. If your income in 2010 will be substantially LESS than reported on 2009 taxes, give the following information.  
*Estimates in this section must include all taxable and non-taxable income received from January 1, 2010 plus estimated amounts which you expect to receive through December 31, 2010.*

**STUDENT/SPOUSE INFORMATION**

Student's 2010 anticipated gross earned income including unemployment compensation \$ \_\_\_\_\_

Spouse's 2010 anticipated gross earned income including unemployment compensation \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**STUDENT'S OUTSIDE RESOURCES**

**Resources sent to Bexley Hall**

Congregation(s) \$ \_\_\_\_\_

Eastern Star \$ \_\_\_\_\_

Diocese \$ \_\_\_\_\_

Veteran's Program \$ \_\_\_\_\_

Other Scholarship (include name) \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**STUDENT'S CERTIFICATION AND SIGNATURE**

I certify that the information on this form is complete and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Some scholarship sources request more than "directory information" as defined by the Family Educational Rights and Privacy Act (FERPA). Please check appropriate box below.

- I grant permission to disclose autobiographical information to donors, congregations, etc.
- I do not grant permission to disclose autobiographical information.