



SEMINARY OF THE SOUTHWEST

AN EPISCOPAL SEMINARY

FINANCIAL AID EVALUATION

P.O. BOX 2247
AUSTIN, TEXAS 78768
PHONE: (512) 472-4133
FAX: (512) 472-3098
admissions@ssw.edu
www.ssw.edu

PROGRAM: (CHECK ONE)

- Master of Divinity
- Master of Divinity – Hispanic Church Studies
- Master of Arts in Religion
- Master of Arts in Spiritual Formation
- Master of Arts in Chaplaincy and Pastoral Care
- Master of Arts in Counseling
- Diploma in Spiritual Formation
- Diploma in Anglican Studies
- Diploma in Theological Studies

NAME _____

DATE OF APPLICATION _____

DATE OF EXPECTED ENROLLMENT _____

Part Time Student (3-11 hrs)

Full Time Student (12+ hrs)

FOR OFFICE USE			
	CALCULATED NEED	AWARD	
INCOME	_____		
EXPENSES	_____		
NEED	_____		
GRANT	_____	Amount	%
W/S	_____	Amount	%
SHORTAGE	_____		

Complete all items in this application, attaching additional pages if necessary.

IMPORTANT: Attach a signed copy of your most recent federal income tax return (form 1040).

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____
FIRST MIDDLE LAST

DATE AND PLACE OF BIRTH: _____ AGE: _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONES: HOME _____ WORK _____ CELL _____
AC/ AC/ AC/

E-MAIL: _____

SINGLE MARRIED OTHER COMMITTED RELATIONSHIP

WILL YOUR MARITAL STATUS CHANGE BEFORE ENTRANCE? YES NO

FULL NAME OF SPOUSE/PARTNER _____
FIRST MIDDLE LAST

CHILDREN _____
NAME DATE OF BIRTH SEX

WILL YOUR SPOUSE/PARTNER COME WITH YOU TO SEMINARY? YES NO

HOW MANY CHILDREN WILL BE WITH YOU IN SEMINARY? _____

ARE YOU REQUESTING SEMINARY HOUSING? YES NO

PLEASE PROVIDE A BRIEF NARRATIVE DESCRIPTION OF YOUR PRESENT FINANCIAL CONDITION

PLEASE DESCRIBE ANY SPECIAL PERSONAL OR FINANCIAL CIRCUMSTANCES WHICH MIGHT HAVE A BEARING ON YOUR APPLICATION FOR ASSISTANCE

CHURCH AFFILIATION

DENOMINATION _____ DIOCESE OR JURISDICTION _____

PARISH OR CONGREGATION _____

ARE YOU IN A FORMAL DISCERNMENT PROCESS – WITH REGARD TO ORDINATION? YES NO

IF EPISCOPALIAN, A POSTULANT? YES _____ NO
DATE

FINANCIAL RESOURCES

DO YOU OWN A HOUSE? YES NO

IF YES, IS THIS YOUR HOMESTEAD? YES NO

MORTGAGE PRINCIPAL BALANCE \$ _____

PRESENT MARKET VALUE \$ _____

DO YOU/YOUR SPOUSE OWN OTHER REAL PROPERTY? YES NO IF YES, PLEASE DESCRIBE

MORTGAGE PRINCIPAL BALANCE \$ _____

PRESENT MARKET VALUE \$ _____

HOW MANY AUTOMOBILES DO YOU OWN? _____ PLEASE PROVIDE YEAR, MAKE, AND MODEL FOR EACH

DO YOU PLAN TO BE EMPLOYED WHILE IN SEMINARY, OTHER THAN IN A SEMINARY-ASSIGNED WORK-STUDY POSITION?

YES NO IF YES, PLEASE PROVIDE DETAILS _____

DOES YOUR SPOUSE PLAN TO BE EMPLOYED WHILE YOU ARE IN SEMINARY? YES NO IF YES, PLEASE PROVIDE

DETAILS _____

ESTIMATE BANK ACCOUNT BALANCES AS OF SEPTEMBER 1: CHECKING \$ _____

SAVINGS \$ _____

LIST OTHER ASSETS, INCLUDING STOCKS, BONDS, CERTIFICATES, RETIREMENT ACCOUNTS, AND GIVE THEIR CURRENT

MARKET VALUE _____

CASH OR LOAN VALUE OF LIFE INSURANCE: \$ _____

OF THESE RESOURCES, HOW MUCH HAVE YOU PLANNED TO USE WHILE YOU ARE IN SEMINARY?

FINANCIAL OBLIGATIONS

LIST YOUR CREDIT CARD AND OTHER CONSUMER DEBT. FOR EACH ENTRY, PROVIDE THE NAME OF THE CARD/ACCOUNT, BALANCE, AND MONTHLY PAYMENT

DO YOU/YOUR SPOUSE/DEPENDENT CHILDREN HAVE STUDENT LOAN DEBT? YES NO IF YES, PROVIDE DETAILS

LIST ANY AUTOMOBILE NOTES, PROVIDING LOAN BALANCES AND MONTHLY PAYMENTS

DO YOU HAVE OTHER INDEBTEDNESS OR FINANCIAL OBLIGATIONS? YES NO IF YES, PROVIDE DETAILS

ESTIMATED BUDGET FOR TWELVE MONTHS BEGINNING SEPTEMBER 1

INCOME

YOUR NET (AFTER TAX) EARNINGS	
ACADEMIC YEAR (EXCLUDE WORK-STUDY)	\$ _____
SUMMER	_____
IF MARRIED, SPOUSE'S NET (AFTER TAX) EARNINGS _____	
FROM ASSETS _____	
FROM SAVINGS _____	
FROM YOUR DIOCESE _____	
FROM YOUR PARISH _____	
FROM RELATIVES AND FRIENDS _____	
VETERAN'S EDUCATIONAL BENEFITS _____	
FOUNDATIONS (LIST) _____	

SCHOLARSHIPS (LIST) _____	

OTHER INCOME (LIST) _____	

TOTAL RESOURCES (BEFORE SSW GRANT AND WORK STUDY AWARD) \$ _____	

EXPENSES

TUITION	
FALL AND SPRING SEMESTERS	\$ _____
SUMMER CPE OR GREEK	_____
OTHER FEES	_____
SUBTOTAL TUITION _____	
BOOKS _____	
RENT/MORTGAGE PITI _____	
UTILITIES _____	
FOOD _____	
CLOTHING _____	
HEALTH INSURANCE PREMIUMS _____	
MEDICAL, DENTAL _____	
OTHER INSURANCE _____	
TRANSPORATION, AUTO _____	
CHILD CARE EXPENSE _____	
RECREATION, ENTERTAINMENT _____	
DEBT PAYMENTS _____	
GEOGRAPHICALLY SINGLE EXPENSES (LIST) _____	

OTHER EXPENSES (LIST) _____	

TOTAL EXPENSES \$ _____	

OTHER SOURCES OF INCOME

HAVE YOU APPLIED FOR FINANCIAL HELP TO ANY OF THE FOLLOWING? IF YES, STATE THE PRESENT STATUS OF YOUR REQUEST. IF NO, PLEASE GIVE YOUR REASONS FOR NOT APPLYING.

YOUR BISHOP/DIOCESE _____

YOUR PARISH OR CONGREGATION _____

PHILANTHROPIC ORGANIZATIONS (LIST NAMES) _____

OTHER SOURCES (LIST NAMES) _____

CERTIFICATIONS

I certify that this information is true and complete and understand that material omissions or inaccurate information could jeopardize my application. I understand that all application materials become the property of Seminary of the Southwest.

SIGNATURE
DATE