

## Institutional Scholarship Application

Fall 2019 & Spring 2020

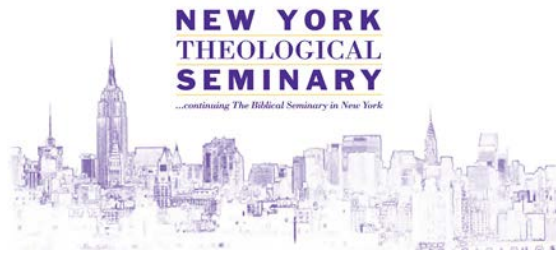
**INSTRUCTIONS:** Please read and follow all directions carefully. Incomplete applications will delay processing or result in scholarship denial. Applicants for the New York Theological Seminary Institutional Scholarship are required to submit the items below.

- I. A complete application form.
- II. 2019-2020 Free Application for Federal Student Aid (FAFSA) – [Apply HERE](#) or go to [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- III. 2017 income tax return/W-2 form(s) OR official documentation stating the source and yearly amount of financial aid support provided to the applicant if a FAFSA cannot be completed.

<b>DEADLINE TO APPLY (without exception)</b>		
Continuing students and/or those that have previously enrolled in courses at NYTS must submit no later than <b>July 12, 2019</b>	New students beginning their first degree program in Fall 2019 must submit no later than <b>August 29, 2019</b>	New students beginning their first degree program in Spring 2020 must submit no later than <b>January 16, 2020</b>

<b>STUDENT INFORMATION</b>			
I am a: New student seeking admission for Fall 2019		New student seeking admission for Spring 2020	Continuing student
Last Name:		First Name:	MI:
Date of Birth (mm/dd/yy):		SSN:	Gender:
Current Street Address:			Apt., Ste., Fl:
City:		State:	Zip Code:
Email:		Alternate Email:	Primary Phone:
Denomination:			
What is your current citizenship status?			
U.S. Citizen		Permanent Resident	F-1 Visa holder
Other alien/noncitizen status _____			
What is your current employment status?			
I am employed full-time		I am employed part-time	I am currently unemployed
If employed, please list the full name of your current employer: _____			

<b>ACADEMIC ENROLLMENT &amp; DEGREE INFORMATION</b>			
High School completion status?			
High School Diploma	GED or State Equivalent	Homeschooled	None of the above
What is your grade level at the beginning of the 2019-2020 academic year?		What degree program will you be enrolled in at the beginning of the 2019-2020 academic year?	
New student		Master of Divinity (MDiv)	
1st year MDiv/MA student		Master of Arts in Pastoral Care & Counseling (MAPCC)	
2nd year MDiv/MA student		Master of Arts in Religious Education (MARE)	
3rd year MDiv student		Master of Arts in Religious Leadership & Administration (MARLA)	
4th year MDiv student		Master of Arts in Youth Ministry (MAYM)	
5th year+ MDiv student			



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### ACADEMIC ENROLLMENT & DEGREE INFORMATION Continued

Please select your anticipated enrollment status for the 2019-2020 academic year below:

**Fall 2019 (SELECT ONE)**

- Full-time (8 credits and above)
- Half-time (4-7 credits)
- Less than half-time (3 credits and below)

**Spring 2020 (SELECT ONE)**

- Full-time (8 credits and above)
- Half-time (4-7 credits)
- Less than half-time (3 credits and below)

### FINANCIAL INFORMATION

List your yearly contribution for the following expenses. You may be required to provide proof. Do NOT include monthly or weekly values and be sure to total all amounts at the end of this chart.

A. Rent/Mortgage	A. \$ _____ per year
B. Household Utilities (electricity, heating gas, water, etc.)	B. \$ _____ per year
C. Food	C. \$ _____ per year
D. Transportation	D. \$ _____ per year
E. Medical and dental costs – NOT including health insurance premiums	E. \$ _____ per year
F. Clothing & personal care	F. \$ _____ per year
G. Phone, internet, television	G. \$ _____ per year
H. Child care	H. \$ _____ per year
I. Church & charity donations	I. \$ _____ per year
<b>TOTAL (A through I)</b>	<b>TOTAL (A – I) \$ _____</b>

### APPLICANT SIGNATURE

I certify that the information provided on this form is my own work and is true, complete, and correct to the best of my knowledge. I understand that any false statements and withheld information will void my eligibility for institutional scholarship aid. I also certify that the information provided on this form will be used only for evaluation of eligibility for institutional scholarship aid and that I may be required to provide additional information for New York Theological Seminary to determine scholarship eligibility. If approved, I agree to meet all academic and financial aid eligibility requirements and that failure to do so will result in scholarship revocation.

Student Signature	Date
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### SUBMIT YOUR APPLICATION & REQUIRED SUPPLEMENTAL DOCUMENTS

**EMAIL:** [FinancialAid@nyts.edu](mailto:FinancialAid@nyts.edu)

**POSTAL MAIL:** New York Theological Seminary  
Office of Financial Aid  
475 Riverside Drive, Suite 500  
New York, NY 10115

### INTERNAL OFFICE USE ONLY

Fin Aid ID _____	IS Rev Date _____
Rec'd _____	F19            S20
FAFSA	DL Rev Date _____
AGI:	F19        S20        Su20
Exp:	NOTES:
EFC:	
NSLDS:	