

FINANCIAL AID APPLICATION | BOSTON

RETURN THIS FORM BY EMAIL, FAX or MAIL TO:

GCTS Financial Aid Office
130 ESSEX STREET
SOUTH HAMILTON, MA 01982
Phone: 978-646-4018 Fax: 978-646-4601
EMAIL: finaidinfo@gordonconwell.edu

**2019-2020 Academic Year
BOSTON CAMPUS**

Section I: Student's (or Prospective Student's) Information

1. Your name _____
Last First M. SSN - Last 4 Digits Student ID

2. Your permanent mailing address _____
Number, Street, and Apartment Number City State Zip Code

3. E-mail #1 _____ E-mail #2 _____

4. Phone number _____

5. I am attending the Boston campus as a:

- New student Returning student

6. Your degree objective at Gordon-Conwell:

M.DIV MA: _____

TH.M.: If yes, indicate which terms:
 SUM II 2019 JAN 2020 SUM II 2020

VISITING STUDENT*
 SPECIAL* DIPLOMA* D.MIN*

* Students in these programs are NOT eligible for federal student aid and should not complete this application.

7. Year in which you expect to complete your degree:

I plan to graduate in (check one): in (year): _____
 May October January

8. Year in graduate school, (check one):

- 1st 2nd 3rd 4th or more

9. Vocational goal _____

10. Enter the number of courses AND total credits you plan to take during each term. You may need to visit your campus' registration page to determine how many credits each of your courses are.

Note: You must take at least 6 credits in the Fall or Spring, and at least 6 credits in a Summer semester to be eligible for a federal student loan in that semester.

	NUMBER OF COURSES	TOTAL CREDITS
FALL 2019		
SPRING 2020		
FULL SUMMER 2020*		
SUM I 2020*		
SUM II 2020*		

* Our policy is to award loans for the fall and spring terms only. However, a summer loan may be requested. To investigate a summer loan, you send an email request no earlier than April 15th and no later than two weeks prior to the end date of your summer term to: finaidinfo@gcts.edu.

Section II: Spouse's Information (Skip this section if not married while attending GCTS)

11. Spouse's name _____
Last First Middle (if applicable)

12. Spouse's occupation _____ Employer _____

13. a. Will your spouse be a student in 2019-2020? Yes, full time Yes, at least half time No
b. If yes, spouse's academic status in 2019-2020? Undergraduate Graduate/professional

c. Name of Institution: _____

d. Will your spouse apply for financial aid for 2019-2020? Yes No

Section III: Other Financial Assistance

- | | Academic Year | | Academic Year | |
|---------------------------|---------------|----------|------------------------------------------|----------------------------------------------------------|
| | 2018-19 | 2019- | 2018-19 | 2019-20 |
| 20 | | | | |
| 14. Financial Assistance: | | | 16. Tuition reimbursement | \$ _____ \$ _____ |
| From Church | \$ _____ | \$ _____ | | |
| From Denomination | \$ _____ | \$ _____ | 17. Veteran's Educational Benefits | |
| Other Assistance | \$ _____ | \$ _____ | a. Are you a Veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Outside Scholarships | \$ _____ | \$ _____ | b. Are you currently receiving benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (not from Gordon-Conwell) | | | c. If yes, program name: | _____ |

TITLE IV PAYMENT AUTHORIZATIONS

I understand that with this application I give authorization to Gordon-Conwell Theological Seminary to apply my Title IV Federal Financial Aid proceeds to pay for all current charges billed to my student account. These may include, but are not limited to all applicable tuition, fees and book charges. If student loan funds I receive create a credit balance on my account, I give Gordon-Conwell Theological Seminary permission to hold those funds for the current financial aid award year for upcoming terms or semesters, unless I specifically request a refund of excess funds for other educational related expenses. I understand that if a credit balance should exist on my account at the end of the financial aid award year, those funds will be released to me, unless otherwise specified.

CERTIFICATION

If accepted for Admission to Gordon-Conwell Theological Seminary, and if I decide to attend, I hereby acknowledge that I will be subject to the academic and social rules, regulations, and policies of the Seminary, as well as local, state and federal laws. I certify that, as of the date I sign this statement, all the information supplied to the Student Financial Services office is correct and true to the best of my knowledge. I will contact Student Financial Services should any changes occur. I will use all Title IV money received only for expenses related to my study at GCTS. I understand that my financial aid is based upon anticipated enrollment I supplied to the GCTS. Should I change my enrollment throughout the year, I understand that my financial aid award amounts may be impacted and may result in me owing GCTS for charges not covered by financial aid.

All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information I have given on this form. (Provide any additional information necessary to understand your circumstances by attaching a separate sheet.) Note: you are also signing that you understand and agree to the TITLE IV Payment Authorizations and Certification policy stated above. Please review carefully.

18. _____
Student's Signature Date

19. _____
Spouse's Signature Date