APPLICATION FOR NEED-BASED FINANCIAL AID GRANTS

A. General Information

1. Full Name: __________________________________ Home phone: ________________________________
   Address: ____________________________________ Work phone: ________________________________
   ___________________________________________ E-mail: _______________________________________

2. Program in which you are enrolled/applied: (Circle One)
   MA   Coop MDiv   DMIN   GCIC
   Focus Area (E.g., Theology & Ethics, Biblical Studies): __________________________________________

3. If you have applied for or received any other financial aid, grants, scholarships or loans to assist you in your program at Hartford Seminary, please list them here:

   Name of Donor/Institution ___________________________ Amount Awarded $_______________
   ___________________________                   $_______________

B. Financial Information

• Eligible students (typically, U.S. citizens) must complete the Free Application for Federal Student Aid (FAFSA) available at www.fafsa.ed.gov. The Hartford Seminary School Code is G01387.
• Students who are not eligible (typically, international students) to complete a FAFSA must submit alternative documentation that outlines their income for the past 12 to 18 months—e.g., a tax return from another country, W-2 forms, bank statement, etc.

4. List your assets, including those you hold in common with family members:

   Assets Description Actual/Estimated Value
   a. Home or Real Estate ___________________________ $_______________
      Equity ______________________________________
   b. Vehicle(s) __________________________________
      ___________________________________________
   c. Investments (non-retirement) ___________________________
5. Please list all financial obligations and payments which you must make in the academic year for which financial aid is being sought: e.g., rent/mortgage payments, student loans, credit cards, outstanding loans, medical bills, etc.

<table>
<thead>
<tr>
<th>Obligation</th>
<th>To Whom Owed</th>
<th>Monthly Payment</th>
<th>Total Owed</th>
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<tbody>
<tr>
<td>a. Rent</td>
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<td>b. Mortgage(s)</td>
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<td>c. Personal loan(s)</td>
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<td>d. Credit card(s)</td>
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<td>e. Student loan(s)</td>
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<td>f. Other</td>
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C. Employment Information

6. Give the name of your employer and any other employee benefits. Give the same for your spouse, if employed.

Employer Name (Applicant): ___________________________________________________________

Additional benefits provided by employer, e.g., housing allowance, automobile, etc.  
(specify amounts and frequency):

Employer name (spouse): _____________________________________________________________

Additional benefits provided by employer, e.g., housing allowance, automobile, etc.  
(specify amounts and frequency):
D. Additional Information

7. Please list any other financial factors you think should be taken into consideration when a decision is made about your application.

8. Courses planned for the academic year of this application. The academic year begins with the Fall semester. If you do not yet know what the courses will be, at least indicate the number of credits you will take each term through the academic year. It is important that this section be filled out for the whole year. Award distribution is determined by information that is provided here. If you wish to receive aid for only one term, then list courses only for that term.

<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>Number of Credits</th>
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<tbody>
<tr>
<td>Fall semester:</td>
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<td>Spring semester:</td>
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<td>Summer session:</td>
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<td>Total:</td>
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</table>

9. Acceptance of the terms of the financial aid program and agreement to confirm information:

My signature below indicates that all the information I have given above is truthful, and that I understand the general principles of Hartford Seminary’s financial aid program as outlined in the “General Principles of Hartford Seminary’s Need-Based Financial Aid Grant Program” and wish to be considered for aid.

In making this application I give Hartford Seminary permission to confirm the above information by appropriate means. Further, I understand that all information pertaining to this application will remain confidential, available only to those at Hartford Seminary responsible for the administration of financial aid.

__________________________
Signature

__________________________
Date

- Return this form to: Degree Program Financial Aid Office
  Attention: Lorraine Browne
  Hartford Seminary
  77 Sherman Street
  Hartford, CT 06105

If you have any questions or need to follow up on your application status, please contact Lorraine Browne at (860) 509-9553 or email her at lbrowne@hartsem.edu.