



**DEGREE PROGRAMS
FINANCIAL AID APPLICATION**

A. General Information

1. Full Name: _____ S.S.#: _____
Address: _____ Home phone: _____
_____ Work phone: _____
_____ Fax number: _____
_____ E-mail: _____

2. Program in which you are enrolled: (Circle One) MA DMIN GCIC
Concentration (E.g., Theology & Ethics, Biblical Studies): _____

3. The first term in which you were/will be registered for courses: (Circle one) Fall Spring Summer 20_____

4. Academic year for which you are seeking aid with this application: 20_____/20_____

5. Amount of aid you are requesting: \$_____ (Maximum Award is 60% Tuition)

6. Is your participation in the above program dependent upon the receipt of financial aid? _____
If your answer is "yes," please explain why you require aid (Answer may be continued in Question 13 below.):

7. Is seeking ordained or licensed ministry one of the reasons you are pursuing this degree? YES___ NO___

8. List any financial aid granted to you previously by Hartford Seminary.

Academic year	Amount awarded
_____	\$ _____
_____	\$ _____
_____	\$ _____

9. 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

- Students must include with this application a copy of their most recent federal IRS 1040 tax return and those additional supplements and schedules used to document the return.

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

Assets	Description	Est. Commercial Value
a. Home or Real Estate	_____	\$ _____
Equity	_____	_____
	_____	_____
b. Vehicle(s)	_____	_____
	_____	_____
	_____	_____
c. Investments	_____	_____
	_____	_____
	_____	_____
d. Business equity	_____	_____
	_____	_____
e. Savings account(s)	_____	_____
	_____	_____
f. Other	_____	_____
	_____	_____

11. 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.

Obligation	To Whom Owed	Monthly Payment	Total Owed
a. Rent	_____	_____	\$ _____
b. Mortgage(s)	_____	_____	\$ _____
	_____	_____	\$ _____
c. Personal loan(s)	_____	_____	\$ _____
	_____	_____	\$ _____
d. Credit card(s)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
e. Student loan(s)	_____	_____	\$ _____
	_____	_____	\$ _____
f. Other	_____	_____	\$ _____

C. Employment Information

12. Give name, address and telephone number of your employer, together with your monthly salary and any other employee benefits. Give the same for your spouse, if employed.

Employer Name (Applicant): _____

Employer address: _____ Employer phone: _____

_____ Monthly salary: \$ _____ (after taxes)

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

Employer name (spouse): _____

Employer address: _____ Employer phone: _____

_____ Monthly salary: \$ _____ (after taxes)

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

D. Additional Information

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

14. 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.

Term	Course	Tuition Cost
Fall semester:	_____	\$ _____
	_____	_____
	_____	_____
Spring semester:	_____	_____
	_____	_____
Summer session:	_____	_____
	_____	_____
	Total:	\$ _____

15. 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 Financial Aid 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

- Students must include with this application a copy of their most recent federal IRS 1040 tax return and those additional supplements and schedules used to document the return. Students who have not filed a US tax return in the previous two years 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.—and a paragraph explaining why a US tax return has not been filed.

- 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, Financial Aid Coordinator at (860) 509-9553 or email her at lbrowne@hartsem.edu.