

NORTHEAST CAMPUS MABTS General Scholarship Application

(All information supplied on this application will be treated confidentially)

Student's Name: _____ Date: _____

Address _____

Phone Number: (H) _____ (W) _____ (C) _____

Single _____ Married _____ If married, any children _____ ages: _____

Student I.D. Number _____ Degree Program _____ G.P.A. _____

Student Status: Part-time _____ *Full-time* _____ *Date you began seminary* _____

Expected date of graduation: _____ Church Membership: _____

Current financial/work situation (debt, loans, employment, etc.)

Do you receive financial aid from any other outside sources? Ex. relatives, church, etc.

Have you received Financial Aid from us before? If so, when and how much?

Amount of financial assistance you are requesting. _____

Return to The Director's Office
Northeast Campus 2810 Curry Rd Schenectady, NY 12303

-----DO NOT WRITE BELOW THIS POINT- Office Use Only-----

Practical Missions: _____ Business Office _____ Library _____

Concerns _____

Decision: Awarded _____ Not Awarded _____ Date _____ Notified Student _____