

APPLICATION FOR FINANCIAL ASSISTANCE



Reformed Presbyterian Theological Seminary
7418 Penn Avenue
Pittsburgh, Pennsylvania 15208-2594
Phone: (412)731-8690
Fax: (412)731-4834
Email: aid@rpts.edu
Webpage: www.rpts.edu

Name _____ Phone No. (____) _____

Email _____ Cellphone (____) _____

Are you married? _____ Names and birth dates of your children: _____

Undergraduate GPA: _____ Undergraduate Awards? _____

Please list your level of indebtedness in the following categories: mortgage \$ _____
education \$ _____
other \$ _____

Applying for assistance in which Quarter(s) of this academic year. Please circle those quarters for which you are applying for aid. (Fall/Winter/Spring/Summer)

Number of credit hours you plan to take during these Quarter(s):

Term	Credits
Fall	_____
Winter	_____
Spring	_____
Summer	_____

Amount of assistance requested: _____

Approximate monthly income: _____

Approximate monthly expenses: _____ (housing, utilities, childcare, travel)

Expected contribution from your family: _____ (EFC from FAFSA form)

Expected assistance from your Church (congregation/ denomination): _____

Have you applied for a student loan this year? _____ For how much? _____

Have you received other scholarships this year? _____ For how much? _____

Other sources of income: _____

Student Signature Date

Official Use Only:

Amount Awarded by Financial Aid Department: \$ _____ or _____ %

Signature Date