



# Financial Aid

## Application for 2019-20 Academic Year

**We look forward to helping with your pursuit of financial assistance for your theological studies.**

Please complete *all* items on this application before submitting it to our Office of Financial Aid. Any items left blank are likely to delay processing of aid. In addition to this document, you are required to file the 2019-20 Free Application for Federal Student Aid, which can be accessed at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

**Questions?** Please contact the Office of Financial Aid at 740-362-3373 or [finaid@mtso.edu](mailto:finaid@mtso.edu).

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email \_\_\_\_\_

2019-20 academic program(s):  M.Div.  MACM  MAPT  MTS

2019-20 academic class:  1st year  2nd year  3rd year Expected graduation date (month/year) \_\_\_\_/\_\_\_\_

Where will you live the greatest percentage of time during the 2019-20 academic year?

- On-campus apartment or residence hall  Off-campus apartment or home

How many credit hours do you anticipate taking in each term of the 2019-20 academic year?

List *only* credit hours that are earned as part of your degree program. Credit hours taken that don't count as part of your current degree won't count for financial aid purposes. (Full time = 9 to 14 credit hours.)

Summer Term 2019 \_\_\_\_\_ Fall Semester 2019 \_\_\_\_\_ January Term 2020 \_\_\_\_\_ Spring Semester 2020 \_\_\_\_\_

On the lines below, supply information about the people whom you and/or your spouse will support between July 1, 2019, and June 30, 2020. Be sure to include yourself, as well as your spouse and dependent children (if they will receive more than half of their support from you and/or your spouse). Also include people who now live with you and now receive more than half of their support from you and/or your spouse.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE OR GRAD SCHOOL (if attending half-time or more)
<i>EXAMPLE: John Q. Student</i>	<i>25</i>	<i>Self</i>	<i>MTSO</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Denomination or religious affiliation \_\_\_\_\_

Are you considering ordination within your denomination?  Yes  No  Undecided

Are you considering parish ministry or serving in a church setting?  Yes  No  Undecided

**If you are United Methodist...**

What is your annual conference? \_\_\_\_\_

Are you in the candidacy process?  Yes  No

If yes, what stage?  Inquiring  Beginning  Declaring  Certified

List below all possible sources of outside assistance you expect to receive for the 2019-20 academic year. List each source for which you have applied or plan to apply, whether it is confirmed or unconfirmed at this time.

	AMOUNT	NAME OF SOURCE (be specific)
Denominational support <small>If United Methodist, include conference name</small>	\$ _____	_____
General Board of Higher Education & Ministry	\$ _____	_____
Eastern Star	\$ _____	_____
Veterans' program	\$ _____	_____
Other gifts	\$ _____	_____
Loans	\$ _____	_____

What is your total education loan indebtedness as of today? \$ \_\_\_\_\_

If you are unsure, you can look it up at [www.nsls.ed.gov/nsls\\_SA](http://www.nsls.ed.gov/nsls_SA)

## Statement of Certification

**I understand that the Free Application for Federal Student Aid (FAFSA) must be filed by the priority deadline of April 1.**

**I understand that financial assistance is granted on the basis of financial eligibility and that any changes in expenses, resources or enrollment status must be reported to the Office of Financial Aid. These changes may result in a revision of the amount of assistance I receive or a request for repayment of funds received. I understand that I must meet all federal eligibility requirements in order to receive federal financial aid.**

**I certify that the information provided on this application is true to the best of my knowledge and any changes in this information will be reported, in writing, to the Office of Financial Aid.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**Please note:** This form must be printed and signed by hand.

**Thank you for your careful completion of this application. Please mail or deliver it to the following address:**

Office of Financial Aid  
Methodist Theological School in Ohio  
3081 Columbus Pike  
Delaware, OH 43015