

## **Financial Aid**

## **Application for 2022-23 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 2022-23 Free Application for Federal Student Aid, which can be accessed at www.studentaid.gov.

| Questions? Please contact the Office of Financial Aid at 740-362-3373 or finaid@mtso.edu.                              |                                  |  |  |  |
|--|----------------------------------|--|--|--|
| Name   |                                  | D  | eate of birth  |  |
| Mailing address  |                                  |  |  |  |
|  |                                  |  |  |  |
|  |                                  |  |  |  |
| Email  |                                  |  |  |  |
| 2022-23 academic program(s):   | M.Div. D                         | 1ACM □ MAPT □ M                                    | IASJ 🗖 MTS   |  |
| 2022-23 academic class: ☐ 1st ye   | ear 🛭 2nd ye                     | ar 🛭 3rd year 🛮 Exp                                | ected graduation date (month/year)/  |  |
| Where will you live the greatest p   | •                                | •  | •  |  |
| How many credit hours do you ar<br>List <i>only</i> credit hours that are earn<br>degree won't count for financial aid | ed as part of you                | r degree program. Credit h                         | ours taken that don't count as part of your current  |  |
| Summer Term 2022 Fal   | ll Semester 202                  | 22 January Term                                    | 2023 Spring Semester 2023  |  |
| 1, 2022, and June 30, 2023. Be sur   | e to include yo<br>pport from yo | ourself, as well as your<br>u and/or your spouse). | nd/or your spouse will support between July spouse and dependent children (if they will Also include people who now live with your spouse. |  |
| FULL NAME  | AGE                              | RELATIONSHIP<br>TO STUDENT                         | NAME OF COLLEGE OR GRAD SCHOOL (if attending half-time or more)  |  |
| EXAMPLE: John Q. Student   | 25                               | Self   | MTSO   |  |
|  |                                  |  |  |  |
|  |                                  |  |  |  |
|  |                                  |  |  |  |
|  |                                  |  |  |  |
|  |                                  |  |  |  |

| Denomination or religious affiliation   |  |  |                      |
|---|--|--|----------------------|
| Are you considering ordination within your de   | nomination? 🗖 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? $\Box$ Yes  | ⊒ No                                     |  |                      |
| If yes, what stage? ☐ Inquiring ☐ Beginni   | ng 🛘 Declaring 🗖                         | Certified  |                      |
| List below all possible sources of outside assista<br>source for which you have applied or plan to a  |  |  |                      |
|   | AMOUNT                                   | NAME OF SOURCE (b  | e specific)          |
| Denominational support  If United Methodist, include conference name  | \$                                       |  |                      |
| General Board of Higher Education & Ministry  | \$                                       |  |                      |
| Eastern Star  | \$                                       |  |                      |
| Veterans' program   | \$                                       |  |                      |
| Other gifts   | \$                                       |  |                      |
| Loans   | \$                                       |  |                      |
| What is your total education loan indebtednes If you are unsure, you can look it up at www.nslds.ed.gov/nslds   |  |  |                      |
| Statement of Certification  |  |  |                      |
| I understand that the Free Application for Fede<br>April 1.   | eral Student Aid (FA                     | (FSA) must be filed by the pr                            | iority deadline of   |
| I understand that financial assistance is grante<br>expenses, resources or enrollment status must<br>in a revision of the amount of assistance I rece<br>must meet all federal eligibility requirements i | be reported to the vive or a request for | Office of Financial Aid. Thes repayment of funds receive | e changes may result |
| I certify that the information provided on this this information will be reported, in writing, to   |  |  | and any changes in   |
| Student signature   | Printed name                             |  | Date                 |
| Thank you for your careful completion of th   | nis application. Ple                     | ase mail or deliver it to the                            | following address:   |
| Office of Financial Aid<br>Methodist Theological School in Ohio<br>3081 Columbus Pike   |  |  |                      |

Financial Aid Application

Delaware, OH 43015