

FINANCIAL AID REQUEST AND BUDGET (SEMINARIAN)

Name: _____ Social Security No.: _____
 Address: _____ Telephone No.: _____
 Institution now attending: _____ Year: _____
 Parish in which you are a communicant: _____
 Number and age of dependents: _____
 Single: _____ Married/Partnered (include spouse in finances): _____
 Budget is for academic year _____, including summer (year) _____

INCOME (estimated)	EXPENSES (estimated)
Employment (incl. field work, work study, etc.) \$ _____	Academic Tuition \$ _____ Tuition CPE (if applicable) \$ _____ Books & supplies \$ _____ Fees (medical, library, etc.) \$ _____ Subtotal \$ _____
Summer (NB: no earnings will be received from CPE) \$ _____	Living Housing \$ _____ Food \$ _____ Utilities \$ _____ Clothing \$ _____ Laundry/cleaning \$ _____ Recreation \$ _____ Subtotal \$ _____
Other (scholarships, grants, prizes, etc.: describe) \$ _____ \$ _____	Other Life insurance \$ _____ Dental insurance \$ _____ Medical insurance \$ _____ Auto (incl. insurance) \$ _____ Loan repayments \$ _____ (Total amount of loan outstanding) \$ _____ Expenses not listed (describe) \$ _____ \$ _____ Subtotal \$ _____
Special sources Pensions, Veterans' Aid, etc. \$ _____ Partner, parents, relatives \$ _____ Parish \$ _____ Savings \$ _____ Other (describe) \$ _____ \$ _____	TOTAL ESTIMATED EXPENSES \$ _____
TOTAL ESTIMATED INCOME \$ _____	PLEASE SUBMIT WITH MOST RECENT IRS FORM 1040.
ASSETS	
Please list here any assets (e.g., savings, stocks and bonds, real estate) not covered above: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	
TOTAL ASSETS \$ _____	

Needed to balance budget: \$ _____ Amount (if any) requested from diocese: \$ _____

Signed (student): _____ Date: _____



Diocese of California ■ The Episcopal Church
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