

Date Received: _____
Date processed: _____

PRESBYTERY OF GREATER ATLANTA
Scholarship and Financial Aid Information Form

Date form completed _____

Have you received financial aid from this Presbytery before? Yes__ No __

IMPORTANT!! Please complete every section of this form.
The application will be considered incomplete if any section is left blank.
Please give annual figures (for the entire year) and not the school year (9 months).

FULL NAME: _____

YOUR SEMINARY ADDRESS: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE #: _____

SPOUSE'S NAME: _____

DEPENDENTS' NAMES & AGES _____

HOME CHURCH NAME AND LOCATION: _____

SEMINARY: _____

SEMINARY ADDRESS: _____

SEMINARY STATUS: Junior Middler Senior EXPECTED GRADUATION DATE _____

PRESBYTERY STATUS: Inquirer _____ Candidate _____

REQUIRED SIGNATURE OF COMMITTEE ON PREPARATION FOR MINISTRY LIAISON:

signature _____ date _____

Estimated Annual Income

Applicant's income (after taxes) _____ Spouse's income (after taxes) _____

Savings of applicant and spouse _____

Support from parents _____ Home church assistance _____

Denominational assistance _____ General Assembly assistance _____

Synod Assistance _____

Seminary grants/scholarships _____ Seminary loans _____

Work study income _____ Child support _____

Other income (please be specific) _____

ESTIMATED TOTAL ANNUAL INCOME _____

Estimated annual expenses

(As you fill out this section please be as accurate as possible. The Scholarship Committee feels it inappropriate to subsidize inordinately high telephone expenses, long distance travel between home and school, gifts, contributions, and mission trips, even if considered part of one's seminary education.)

Tuition and fees _____

Books & other school supplies _____

Room/board at Seminary (if living in dorm) _____ Rent or mortgage _____

Utilities (excluding telephone) _____ Telephone _____

Food _____

Medical/Dental (including insurance costs) _____

Automobile expenses:

 Automobile payments (monthly x 12) _____

 Gasoline/maintenance (monthly x 12) _____

 Auto Insurance (annual premiums) _____

Clothing/Laundry _____

Child care or child support _____

Incidentals (please be specific) _____

Total Estimated Annual Expenses _____

Have you discussed financial assistance with your home church? If not, why not?

Please describe your need for assistance.

Please describe any other extenuating circumstances in your life at this time which are related to this request.

What is your current student loan indebtedness? _____

Are you in the process of repaying this loan? Yes ___ No ___

What is your monthly payment for this loan? _____

What is your credit card debt? _____

What is your total required monthly credit card payment? _____

Do you own any property (i.e., house, cars, stocks, bonds, etc.) _____

If YES, please specify what this property is and its total value: _____

Amount requested from the scholarship committee \$ _____

In the space below feel free to make any additional statement you may wish to make related to this application.

Please return completed form to:
CPMAdmin@atlpcusa.org

Or mail to:
CPM Scholarship Committee
Presbytery of Greater Atlanta
1024 Ponce de Leon Ave. NE
Atlanta, Georgia 30306

Checks will be mailed to your institution or to the organization for which you've requested funds.