

APPLICATION FOR FINANCIAL AID  
Scholarship Funds administered by Hampshire Association,  
United Church of Christ  
PERSONAL AND ACADEMIC INFORMATION (11 Questions)

1. Full Name: \_\_\_\_\_

2. \*Home Address                      Phone #                      e-mail address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please indicate preferred address

3. \*Seminary Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. List others in immediate household, including partner or spouse  
(give ages of children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List College and Universities attended                      Degrees  
and years

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. How long have you been a member of a church in the Hampshire Association?

\_\_\_\_\_

8. When were you first granted In-Care status in Hampshire Association?

\_\_\_\_\_

9. Which seminary are you attending? \_\_\_\_\_ (over)

10. Which degree do you expect to receive? \_\_\_\_\_  
When? \_\_\_\_\_

11. Your current standing: Full time: \_\_\_\_ Part time: \_\_\_\_  
(explain plans)

\_\_\_\_\_

\_\_\_\_\_

First year \_\_\_\_\_ Second Year \_\_\_\_\_ Third year \_\_\_\_\_

FINANCIAL INFORMATION (2 Questions)

1.) How many courses do you plan to take in the fall? \_\_\_\_ spring?  
\_\_\_\_\_

2.) A grant from this fund should enable you to reduce your reliance on term-time, employment, loans, or family resources. Indicate how you would expect to meet your expenses without a grant from this fund (items b through d should equal item a):

a. Total anticipated educational expenses for this academic year (including seminary tuition, fees, books and other expenses related to preparing for the ministry, living expenses, etc.)

\_\_\_\_\_

b. Other financial aid for the same period (scholarships, loans, grants)

\_\_\_\_\_

c. Contribution from your employment while attending seminary

\_\_\_\_\_

d. Total available contributions from family and any other sources (including personal and family savings and other family or household members employment)

\_\_\_\_\_

ADDITIONAL REMARKS OR EXPLANATIONS OF SPECIAL CIRCUMSTANCES CAN BE ATTACHED

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM NO LATER THAN JUNE 1

TO: The Rev Jeffery Erb  
126 Ludlow St  
Belchertown MA 01007

Note: All In care students are eligible to apply, but funds are limited. The Committee will attempt to distribute them on the basis of need. If you choose not to apply for aid to be used during this academic year, please let us know either by signing and returning a blank form