

CENTRAL ASSOCIATION
COMMITTEE ON MINISTRY

Statement of Financial Need

Estimated Income for 9/1/___-8/31/___

1. Estimated earnings	\$ _____
2. Other income (investments, savings, et cetera)	\$ _____
3. Support from parents	\$ _____
4. Support from spouse	\$ _____
5. Financial Aid from Seminary	\$ _____
6. Scholarships from other sources	\$ _____
7. Assistance from Local Church	\$ _____
8. Assistance from Massachusetts Conference	\$ _____
9. Other gifts, grants or assistance	\$ _____
TOTAL INCOME (items 1-9)	\$ _____

Estimated Expenses for 9/1/___-8/31/___

1. Tuition	\$ _____
2. Housing (room, rent, mortgage, et cetera)	\$ _____
3. Books	\$ _____
4. School fees	\$ _____
5. Food	\$ _____
6. Clothing	\$ _____
7. Utilities	\$ _____
8. Health Insurance	\$ _____
9. Medical Expenses (not covered by insurance)	\$ _____
10. Life Insurance	\$ _____
11. Automobile Expenses	\$ _____
12. Gas, maintenance, etc	\$ _____
a. Repairs	\$ _____
b. Insurance	\$ _____
13. Travel other than automobile	\$ _____
14. Contributions to church and charities	\$ _____
15. Other major expenses (loans, debt, et cetera)	\$ _____
a.	\$ _____
b.	\$ _____
c.	\$ _____
d.	\$ _____
TOTAL EXPENSES (1-14)	\$ _____

Amount of Need (TOTAL INCOME minus TOTAL EXPENSES)

I hereby certify that the above information is true and complete to the best of my knowledge

Date _____

Signature _____