



Meadville Lombard
Theological School

INSTITUTIONAL FINANCIAL AID APPLICATION (IFAA)

In addition to this application, complete a Free Application for Student Aid (FAFSA) at www.fafsa.ed.gov.

Returning Students: Submit a completed IFAA and FAFSA no later than March 15

Academic Year: _____ to _____

Degree Program:

- Master of Divinity
- Master of Divinity in the TouchPoint or Modified Residency Format
- Master of Arts in Religion
- Master of Arts in Religion in the TouchPoint or Modified Residency Format
- Doctor of Ministry
- Master of Divinity and Master in Leadership Studies Dual Degree Program

Residential and Touchpoint Student Enrollment Status:

- Full-Time (8 units of credit per regular academic year)
- Half-Time (4 or more units of credit per regular academic year)
- Fewer than 4 units of credit per regular academic year
- Traditional Internship

Modified Residency (MRP) Student Status:

- Full-Time (3 units of credit during January Term)
- Half-Time (1.5 units of credit or more during January Term)
- Fewer than 1.5 units of credit during January Term
- Traditional Internship

Please enter the **number** of Meadville Lombard, ACTS and U of C units of credit you expect to earn in each term:

_____ Fall Semester _____ January Term _____ Spring Semester _____ Summer Term

STUDENT INFORMATION

Full Name: _____

DOB: _____

Ethnicity: American Indian or Alaskan Native Asian Hispanic
 Native Hawaiian or other Pacific Islander Black or African American White Other
 Unknown Two or More

Sex: Male Female

Meadville Lombard is welcoming of students whose sex or gender identities are outside the mainstream and we remain committed to an inclusive community. We only offer the male and female options under the sex category because educational reports required from Meadville Lombard by state and federal entities are formatted around these two options.

Permanent Address: _____

Will You Be Living in Meadville Lombard Housing? ___ yes ___ no

If no, address: _____

Home Phone: _____ Mobile Phone: _____

Personal e-mail address: _____

FAMILY

Marital Status: ___ single ___ married/partnered ___ divorced ___ separated ___ widowed

Name of Spouse/Partner: _____

Name of Spouse/Partner’s Employer: _____

Spouse/Partner’s Occupation: _____

Is Spouse/Partner a Student? ___yes ___ no If yes, what is his/her status? _____

Names and Ages of Dependent Children: _____

EMPLOYMENT

Do You Expect to Work During the Academic Year? ___ yes ___ no

If no, Indicate Reason: _____

If yes, Business Name and Address: _____

Business Phone: _____

Hours/Week: _____ Pay: \$_____ per _____

FINANCIAL HISTORY

TABLE 1 - Please complete the following table, indicating **all expected external funding sources** for the academic year for which you are applying for aid:

EXTERNAL FINANCIAL AID SOURCE	DATE APPLIED	AMOUNT PROMISED
Parents, Family, and Friends		\$
Home Church/Congregation		\$
UUA or Regional Church Body		\$
Foundations or Corporations		\$
Other Resource Not Included Above Specify:		\$
GRAND TOTAL		\$

TABLE 2 - Please complete the following table, indicating the **total value and annual earnings of all investments, stocks, CDs, IRAs, bonds, trusts, etc.:**

ASSET	TOTAL VALUE	ANNUAL EARNINGS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
GRAND TOTAL	\$	\$

TABLE 3 - Please complete the following table, indicating **all outstanding consumer debt:**

SPECIFY CONSUMER DEBT (not including mortgage or car loan)	AMOUNT OF DEBT	INTEREST RATE	MONTHLY PAYMENT
\$	\$	%	\$
\$	\$	%	\$
\$	\$	%	\$
GRAND TOTAL	\$		\$

TABLE 4 - Please complete the following table, indicating **all outstanding educational loans:**

EDUCATIONAL LOAN PROGRAM	TOTAL AMOUNT BORROWED	REMAINING PRINCIPAL BALANCE	Interest Rate
Federal Subsidized Stafford Loan	\$	\$	%
Federal Unsubsidized Stafford Loan	\$	\$	%
Federal Perkins Loan	\$	\$	%
Other Loan (Specify):	\$	\$	%
GRAND TOTAL	\$		

**THE INFORMATION YOU PROVIDE BELOW IS BASED ON A TWELVE MONTH PERIOD
BEGINNING SEPTEMBER 1 AND ENDING AUGUST 31.**

TABLE 5 – Please complete the following table, indicating **all your resources/income**

RESOURCES/INCOME	ACADEMIC YEAR (9 months)	SUMMER (3 months)
Projected Income from Work	\$	\$
Projected Income from Field Education	\$	\$
Projected Gross Earnings of Spouse/Partner	\$	\$
External Financial Aid (Table 1 Grand Total)	\$	\$
Annual Earnings from Assets (Table 2 Grand Total)	\$	\$
Other Income (Specify):	\$	\$
Total Cash, Savings, and Checking Accounts	$\frac{3}{4}$ of total \$	$\frac{1}{4}$ of total \$
Income Tax Refund	$\frac{3}{4}$ of total \$	$\frac{1}{4}$ of total \$
TOTAL RESOURCES/INCOME	\$	\$

TABLE 6 – Please indicate **all additional resources**

ADDITIONAL RESOURCES		
Home	Value: \$	Mortgage: \$
Other Real Estate	Value: \$	Mortgage: \$

TABLE 7 – Please complete the following table.

	MRP: January Res and TPF: Academic Year (9 months)	MRP: Terms other than January; Local Res and TPF: Summer (3 months)
Tuition	\$	\$
Fees	\$	\$
Books (\$150/course) and Educational Supplies	\$	\$
GRAND TOTAL	\$	\$

TABLE 8 – Please complete the following table, indicating **all your cost/expenses**. **Shaded** cells may not apply to **MRP students**.

	MRP: January		MRP: Average expenses in terms other than January; Local
	Res and TPF: Academic Year (9 months)	Res and TPF: Summer (3 months)	
Housing/Rent	\$	\$	\$
Utilities (gas, water, and electricity)	\$	\$	\$
Board (food and household maintenance)	\$	\$	\$
Clothing, Laundry and Cleaning	\$	\$	\$
Incidentals	\$	\$	\$
Life Insurance Premium	\$	\$	\$
Medical Insurance Premium/Fee	\$	\$	\$
Medical/Dental Expenses (not covered by insurance)	\$	\$	\$
Child Care	\$	\$	\$
Expenses for Student and/or Dependent(s) with Disabilities	\$	\$	\$
Automobile Payments	\$	\$	\$
Automobile Basic Operation/Maintenance	\$	\$	\$
Automobile Insurance and Registration	\$	\$	\$
Other Transportation	\$	\$	\$
Consumer Debt Monthly Payments (Table 4 Grand Total)	\$	\$	\$
Other Expenses(please explain)	\$	\$	\$
Other Expenses(please explain)	\$	\$	\$
GRAND TOTAL	\$	\$	\$

ADDITIONAL/SUPPLEMENTAL INFORMATION:

STUDENT CERTIFICATION AND SIGNATURE I certify that all information on this form is true and complete to the best of my knowledge. I agree to supply the Admissions Office with a copy of my federal tax return as well as any other documentation required by Meadville Lombard Theological School to determine my eligibility for institutional aid.

Student's Signature: _____ Date: _____

MEADVILLE LOMBARD USE ONLY

Date Received: _____ Financial Aid Administrator: _____

Institutional Financial Aid Awarded: _____ \$/?: _____

Institutional Financial Aid Awarded: _____ \$/?: _____

Institutional Financial Aid Awarded: _____ \$/?: _____

Notes: