

Institutional Financial Aid Application (IFAA)

In addition to this application, please complete a Free Application for Student Aid (FAFSA) at www.fafsa.ed.gov. Please submit a completed IFAA and FAFSA no later than March 15.

Academic Year: _____ to _____

Student Status: Full –Time (9 units of credit per year)
 Half-Time (4.5 or more units of credit per year)
 Fewer than 4.5 unites of credit per year

Number of Academic Courses You Expect to Complete Each Quarter:

FALL WINTER (Including January Intensives) SPRING SUMMER (Including Summer Intensives)

Degree Program:

Master of Divinity
 Master of Divinity in the Modified Residency Format
 Master of Arts in Religion
 Master of Arts in Religion in the Modified Residency Format
 Doctor of Ministry
 Dual Master of Divinity at Meadville Lombard and Master of Arts in Social Services at the University of Chicago in a full-time, residential format

STUDENT INFORMATION

Full Name: _____

DOB: _____

Ethnicity: American Indian or Alaskan Native Asian or Pacific Islander Hispanic
 Black Non-Hispanic , White Other Unknown

Sex: Male Female

Permanent Address: _____

Will You Be Living in Meadville Lombard Housing? yes no

If no, Address: _____

Home Phone: _____ Mobile Phone: _____

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: _____

APPLICATION DEADLINE IS MARCH 15

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: _____

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
	\$	%	\$
	\$	%	\$
	\$	%	\$
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: JULY 1ST to JUNE 30th

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

RESOURCES/INCOME	ACADEMIC YEAR	SUMMER
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	¾ of total \$	¼ of total \$
Income Tax Refund	¾ of total \$	¼ 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, indicating **all your cost/expenses**

COSTS/EXPENSES	ACADEMIC YEAR	SUMMER
Tuition	\$	\$
Fees	\$	\$
Housing/Rent	\$	\$
Utilities (gas, water, and electricity)	\$	\$
Board (food and household maintenance)	\$	\$
Clothing, Laundry and Cleaning	\$	\$
Incidentals	\$	\$
Books and Educational Supplies	\$	\$
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 Operation/Maintenance	\$	\$
Automobile Insurance and Registration	\$	\$
Other Transportation	\$	\$
Consumer Debt Monthly Payments (Table 4 Grand Total)	\$	\$
Other Expenses(please explain)	\$	\$
Other Expenses(please explain)	\$	\$
TOTAL COSTS/EXPENSES	\$	\$

ADDITIONAL/SUPPLEMENTAL INFORMATION:

TOTAL RESOURCES/INCOME FROM TABLE 5: \$ _____

TOTAL COSTS/EXPENSES FROM TABLE 7: \$ _____

FINANCIAL NEED (total resources/income MINUS total costs/expenses): \$ _____

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: