



(for office use only)
Date received _____
Date approved _____

APPLICATION FOR INTERNATIONAL STUDENT FINANCIAL AID

2010-2011

1725 Bear Valley Parkway Escondido, CA 92027-4128
1.888.480.8474 • FAX 760.480.0252
http://www.wscal.edu

Please note that International Student financial aid is offered only to students who are enrolled in a Master's degree program as a full-time student, defined as a minimum of 12 hours per semester.

Personal Information (type or print clearly in ink)

Name: _____
Applicant—Last, First, Middle Spouse / fiancée — Last, First, Middle

Phone: home (____) _____ cell (____) _____ E-mail _____

Present mailing address _____
Street Apt. # City
State/Province Zip/Postal Code Country

Marital Status: Single [] Engaged [] wedding date _____ Married [] if yes,

Will your family be coming with you when you attend school? Yes [] No []

Children (name and date of birth, including year): _____

Is your family expecting a child? Yes [] No [] If yes, what is the due date? _____

Citizenship Information

Do you have a visa? Yes [] No [] If yes, what type? _____ and
Expiration Date: _____
Do you have a passport? Yes [] No [] If yes, Expiration Date: _____

ENROLLMENT INFORMATION

Program (circle): M.A. / M.Div. Class Standing (circle): junior / middler / senior (If unsure, refer to catalogue)
Date of first entrance to WSC _____ Expected date of completion _____
Remaining years of study _____

INCOME AND DEBT INFORMATION

If you are a returning student, have you previously received financial aid from WSC? Yes No

Are you expecting to receive **tuition or financial assistance from an outside source (Church, External Scholarship or Private party)**? Yes No

A) If yes, from what source? _____ Frequency? _____ Amount? _____
_____ Frequency? _____ Amount? _____
_____ Frequency? _____ Amount? _____

Is any aid restricted to tuition? Yes No If yes,
Please explain _____

Is any aid restricted to living expenses? Yes No If yes,
Please explain _____

If you are enrolled in the Master of Arts (2-year) program, do you plan to complete it in two years? Yes No

If no, please Explain: _____

If you are enrolled in the Master of Divinity program (3-year) program, do you plan to complete it in three years? Yes No

If no, please explain: _____

Do you anticipate working? Yes No If yes,

B1) Anticipated annual earnings _____

If you have a spouse with you, will they be working? Yes No If yes,

B2) Spouses anticipated annual earnings _____

B) How much do you have set aside in Savings for your WSC education this year? _____

What is your educational debt as of this date? _____

If you are married, what is your spouse's educational debt? _____

Total Educational Debt _____

ESTIMATED COST OF ATTENDANCE for 2010-2011 (12 month budget)

Circle one.

Living Expense: (this includes rent, utilities, food, transportation & misc. expenses)

12 month budget:	Low \$16,130	Moderate \$24,080
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The above is based on an individual living expense budget for the San Diego region by www.collegeboard.com

Annual Tuition Cost:

3 year MDIV or 2 year MA	35 hours at \$360 per hour	\$12,600
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Circle the appropriate fees.

Books and Fees:

Books first year	\$800	other years	\$600
One time field education fee for MDIV students		\$1,080	(usually charged second semester for a full time student)
Student Association, Library and Technology fees		\$120	per year for full time students

Signature

I affirm that the facts set forth in this application are true and complete. I understand that misrepresentation or omission of facts shall be considered sufficient cause for revocation of a scholarship.

Signature of Applicant _____ Date _____

Return this application form to:

Financial Aid Coordinator
Westminster Seminary California
1725 Bear Valley Parkway
Escondido, CA 92027-4128