SES STUDENT FINANCIAL AID APPLICATION

Date of Application ____/____/____

Name:_____ _____
(Last) (First)

Address:_____
(Street)
_____
(City) (State) (Zip Code)
Social Security Number:_____

Phone Number_____(res)_____(work)

Student Status: Full-time_____Part-time_____External_____

In which degree program are you accepted?_____

In what ministry are you presently involved?_____

_____

Are you involved in this ministry full-time_____ or part-time_____?

Present Occupation:_____

Reason for request of financial aid:_____

_____

_____

_____

_____

Note: Financial aid funds are limited and will be awarded on the bases of need, ministry, student status, grades, and character. Funds are available only for those who are in a degree program taking courses for credit. The decision of the Financial Aid Committee is confidential and final.

Please mail this application, along with last year's 1040 and three months of current pay stubs, to Joan Solheim, Business Office, SES, 3000 Tilley Morris Rd., Matthews, NC 28105. Recipients of a scholarship will be notified by mail.