

ALTERNATIVE SEMINARY Scholarship Application

Student Information			Today's Date: / /			
First Name:	Middle:	Last:	Spouse:			
Home Address:		City:	State:	Zip:		
Mailing Address:		City:	State:	Zip:		
Home Phone #: () -		Cell Phone #: () -				
Date of Birth: / /	Social Security # - - -		Do you have church support? (circle one) Yes No			
Marital Status:	Single	In a relationship	Married	Divorced	Separated	Widowed

Household Size	Name	Age	Enrolled in other schools/universities?
			- -
			- -
			- -
			- -
			- -

NOTE: The Sliding Scale is a guideline. Scholarships are awarded at the discretion of the Scholarship Committee and based on funds available.

It is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income with one of the following:

- Prior Year Income Tax Return
- Prior Year W-2 Forms
- Prior month's pay stubs
- Copies of social security checks
- Other checks you may receive

Your annual income and your family size will be used to calculate your scholarship.

Household Income					
Name	Amount	Frequency (Circle one)			Employer:
You	\$	Weekly	Monthly	Yearly	
Spouse	\$	Weekly	Monthly	Yearly	
Relatives	\$	Weekly	Monthly	Yearly	
Other	\$	Weekly	Monthly	Yearly	
TOTAL	\$	Weekly	Monthly	Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					

Sliding Tuition Fee Scale:

25% Student's Payment \$ 50/course
 50% Student's Payment \$ 100/course
 60% Student's Payment \$ 120/course
 70% Student's Payment \$140/course
 80% Student's Payment \$160/course
 90% Student's Payment \$180/course
 100% Student's Payment \$200/course

I do hereby affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I further agree to inform Alt.Sem if there is a significant change in my income. I hereby acknowledge that I read the foregoing disclosure and understand it.

Name (Print): _____ Date: _____

Signature: _____ Witness: _____