



San Francisco Theological Seminary



2016-17 DOMESTIC STUDENT FINANCIAL AID APPLICATION

File your 2016-17 FAFSA at www.fafsa.gov by your school's priority deadline

Any student applying for financial assistance is required to complete all sections, submit requested documentation and sign this form. Your application will not be considered complete nor can an award be made until all required forms, including the FAFSA, have been properly completed, signed and received. Financial aid renewal is not automatic. Students must reapply each year. It is advisable that students keep copies of all forms submitted.

Last Name _____ First Name _____ Middle Initial _____

Home Telephone Number Cell Phone Number

E-mail _____ Date of Birth Social Security Number - -

Returning students, please list your school email mm/dd/yyyy

Section One – Enrollment

School/School of Affiliation _____ Program of Study _____

In 2016-17, you will be a (check one): 1st year graduate/professional Continuing graduate/professional

Continuing students, please list your year in program: _____

When will/did you begin your studies _____

Month Year

What is your anticipated graduation date: _____

Number of credits you will enroll in for: Fall 2016: _____ Intersession 2017: _____ Spring 2017: _____

In order to be considered for federal Direct Loans you must be enrolled at least half-time (a minimum of 6.00 credits in most cases).

Will you be in a full time internship (*this does not include full-time Field Ed*)? If yes, for which term(s): _____

Section Two – Income and Assets

What is your marital status as of today? Single Married Separated Divorced/widowed

What was your (*and spouse's*) adjusted gross income for 2015? \$ _____

Adjusted gross income is on IRS form 1040 - line 37; 1040A - line 28 minus line 36; or 1040 EZ - line 10

How much did you earn from working in 2015? \$ _____

How much did your spouse earn from working in 2015? \$ _____

What is your (*and spouse's*) total current balance of cash, savings, and checking accounts? \$ _____

Do NOT include student financial aid

List the net worth of your (*and spouse's*) investments, including real estate? \$ _____

Do NOT include the home you live in.

List the net worth of your (*and spouse's*) current businesses or investment farms? \$ _____

Do NOT include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.

Other untaxed income, such as worker's compensation, disability benefits, etc. \$ _____

Also include untaxed portions of health savings accounts from IRS Form 1040-line 25.
Do NOT include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act Educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

TAX RETURN NONFILERS Complete this section if you, the student (and, if married, your spouse), will not file and are **not** required to file a 2015 income tax return with the IRS. Check the box that applies:

- I (and, if married, my spouse) was not employed and had no income earned from work in 2015.
- I (and/or my spouse, if married) was employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 W-2 forms issued to you (and, if married, to your spouse) by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and Student ID number at the top.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00	Yes

Note: We may require you to provide documentation from the IRS that indicates a 2015 federal income tax return was not filed.

Section Three – Expected Support for Educational Expenses

List any agencies, foundations, organizations, or persons from whom you anticipate receiving scholarship aid, financial support, or payments made to the school on your behalf. **Do not include federal financial aid.** If more than five, please complete and submit the [Outside Resources Form](#).

Agency/Organization	Application Date	Award Notification Date	Expected Amount

Section Four – (Optional)

****You may submit information explaining any special circumstances below, if necessary****

Section Eight – Certification and Authorization

I certify that the information on this form is true, correct and complete. The GTU Consortial Financial Aid Office has my permission to verify the information reported by obtaining documentation as needed. I understand that if I purposely provide false or misleading information that my financial aid award may be withdrawn. Furthermore, I understand that my financial aid award is subject to revision based upon changes to any of the information provided on the FAFSA and/or this form and that all institutional aid awards are subject to the availability of funds.

My signature below designates authorization to the use of electronic means of communication for official notification concerning my financial aid information. I have the right to withdraw consent at any time by written notice to the GTU Consortial Financial Aid Office.

Student’s Signature: _____ Date:

****PLEASE KEEP A COPY FOR YOUR RECORDS****