



SEMINARY OF THE  
**SOUTHWEST**  
AN EPISCOPAL SEMINARY

RETURNING FINANCIAL AID EVALUATION

PROGRAM: (CHECK ONE)

- ☐ Master of Arts in Divinity  
☐ Master of Arts in Divinity - Hispanic Church Studies  
☐ Master of Arts in Religion  
☐ Master of Arts in Counseling  
☐ Master of Arts in Chaplaincy and Pastoral Care  
☐ Master of Arts in Spiritual Formation  
☐ Diploma in Anglican Studies  
☐ Diploma in Theological Studies

FALL NUMBER OF HOURS \_\_\_\_\_

- ☐ Part Time Student (3 - 11 hrs)  
☐ Full Time Student (12+ hrs)

SPRING NUMBER OF HOURS \_\_\_\_\_

- ☐ Part Time Student (3 - 11 hrs)  
☐ Full Time Student (12+ hrs)

SUMMER NUMBER OF HOURS \_\_\_\_\_

- ☐ Part Time Student (3 - 11 hrs)  
☐ Full Time Student (12+ hrs)

NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

TERM OF EXPECTED ENROLLMENT \_\_\_\_\_

FOR OFFICE USE

	CALCULATED NEED	AWARD
INCOME	\$ _____	
EXPENSES:	\$ _____	
NEED:	\$ _____	
FALL GRANT:	\$ _____	_____ %
SPRING GRANT:	\$ _____	_____ %
SUMMER GRANT:	\$ _____	_____ %
SHORTAGE:	\$ _____	
FAFSA:	YES _____	
	NO _____	

Complete all items in this application, attaching additional pages if necessary.  
IMPORTANT: Attach a signed copy of your most recent federal income tax return (form 1040).

501 E. 32ND STREET ~ AUSTIN, TX 78705  
PHONE: (512) 472 - 4133 ~ FAX: (512) 472-3098  
info@ssw.edu ~ www.ssw.edu

## PERSONAL INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
FIRST MIDDLE LAST

DATE AND PLACE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONES: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
AC/ AC/ AC/

E-MAIL \_\_\_\_\_

☐ SINGLE ☐ MARRIED ☐ OTHER COMMITTED RELATIONSHIP

WILL YOUR MARITAL STATUS CHANGE BEFORE ENTRANCE? ☐ YES ☐ NO

FULL NAME OF SPOUSE/PARTNER \_\_\_\_\_  
FIRST MIDDLE LAST

CHILDREN \_\_\_\_\_  
NAME DATE OF BIRTH SEX

WILL YOUR SPOUSE/PARTNER COME WITH YOU TO SEMINARY? ☐ YES ☐ NO

HOW MANY CHILDREN WILL BE WITH YOU IN SEMINARY? \_\_\_\_\_

ARE YOU REQUESTING SEMINARY HOUSING? ☐ YES ☐ NO

PLEASE PROVIDE A BRIEF NARRATIVE DESCRIPTION OF YOUR PRESENT FINANCIAL CONDITION

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PLEASE DESCRIBE ANY SPECIAL PERSONAL OR FINANCIAL CIRCUMSTANCES WHICH MIGHT HAVE A BEARING ON YOUR APPLICATION FOR ASSISTANCE

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## CHURCH AFFILIATION

MDIV / DAS APPLICANTS:  
DENOMINATION (MDIV / DAS) \_\_\_\_\_ DIOCESE OR JURISDICTION \_\_\_\_\_

PARISH OR CONGREGATION \_\_\_\_\_

ARE YOU IN A FORMAL DISCERNMENT PROCESS – WITH REGARD TO ORDINATION? ☐ YES ☐ NO

IF EPISCOPALIAN, A POSTULANT? ☐ YES ☐ NO DATE \_\_\_\_\_

## FINANCIAL RESOURCES

DO YOU OWN A HOUSE? ☐ YES ☐ NO

IF YES, IS THIS YOUR HOMESTEAD? ☐ YES ☐ NO

MORTGAGE PRINCIPAL BALANCE \$ \_\_\_\_\_

PRESENT MARKET VALUE \$ \_\_\_\_\_

DO YOU/YOUR SPOUSE OWN OTHER REAL PROPERTY? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE

MORTGAGE PRINCIPAL BALANCE \$ \_\_\_\_\_

PRESENT MARKET VALUE \$ \_\_\_\_\_

HOW MANY AUTOMOBILES DO YOU OWN? \_\_\_\_\_

PLEASE PROVIDE YEAR, MAKE, AND MODEL FOR EACH

DO YOU PLAN TO BE EMPLOYED WHILE IN SEMINARY, OTHER THAN IN A SEMINARY-ASSIGNED WORK-STUDY POSITION?

☐ YES ☐ NO IF YES, PLEASE PROVIDE DETAILS \_\_\_\_\_

DOES YOUR SPOUSE PLAN TO BE EMPLOYED WHILE YOU ARE IN SEMINARY? ☐ YES ☐ NO IF YES, PLEASE PROVIDE

DETAILS \_\_\_\_\_

ESTIMATE BANK ACCOUNT BALANCES AS OF SEPTEMBER 1: CHECKING \$ \_\_\_\_\_ SAVINGS \$ \_\_\_\_\_

LIST OTHER ASSETS, INCLUDING STOCKS, BONDS, CERTIFICATES, RETIREMENT ACCOUNTS, AND GIVE THEIR CURRENT

MARKET VALUE \_\_\_\_\_

CASH OR LOAN VALUE OF LIFE INSURANCE: \$ \_\_\_\_\_

OF THESE RESOURCES, HOW MUCH HAVE YOU PLANNED TO USE WHILE YOU ARE IN SEMINARY?

## FINANCIAL OBLIGATIONS

LIST YOUR CREDIT CARD AND OTHER CONSUMER DEBT. FOR EACH ENTRY, PROVIDE THE NAME OF THE CARD/ACCOUNT, BALANCE, AND MONTHLY PAYMENT

DO YOU/YOUR SPOUSE/DEPENDENT CHILDREN HAVE STUDENT LOAN DEBT? ☐ YES ☐ NO IF YES, PROVIDE DETAILS

LIST ANY AUTOMOBILE NOTES, PROVIDING LOAN BALANCES AND MONTHLY PAYMENTS

DO YOU HAVE OTHER INDEBTEDNESS OR FINANCIAL OBLIGATIONS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS

**FALL APPLICANTS BUDGET ESTIMATE FOR TWELVE MONTHS BEGINNING SEPTEMBER 1**  
**SPRING APPLICANTS BUDGET ESTIMATE FOR SIX MONTHS BEGINNING FEBRUARY 1**

INCOME		EXPENSES	
YOUR NET (AFTER TAX) EARNINGS	\$ _____	TUITION: FALL SEMESTER	_____
IF MARRIED, SPOUSE'S NET EARNINGS (AFTER TAX)	_____	SPRING SEMESTER	_____
FROM WORKSTUDY (FULL TIME MDIV, DAS, MAR)	_____	SUMMER SEMESTER	_____
FROM ASSETS	_____	WORKSTUDY COMMITMENT (FULL TIME MDIV, DAS, MAR)	_____
FROM YOUR PARISH (MDIV / DAS)	_____	SUMMER CPE (MDIV / DAS)	_____
FROM YOUR DIOCESE (MDIV / DAS)	_____	LUNCH PLAN	_____
FROM RELATIVES AND FRIENDS	_____	STUDENT SERVICES FEE	_____
VETERAN'S EDUCATIONAL BENEFITS	_____	STUDENT ASSOCIATION ACTIVITY FEE	_____
FOUNDATIONS (LIST)	_____	BOOKS	_____
_____	_____	RENT/MORTGAGE PITI	_____
_____	_____	UTILITIES (ELECTRIC, GAS, WATER, TRASH)	_____
SCHOLARSHIPS (LIST)	_____	FOOD	_____
_____	_____	CLOTHING	_____
_____	_____	HEALTH INSURANCE PREMIUMS	_____
OTHER INCOME (LIST)	_____	DENTAL PREMIUM, MEDICAL (CO-PAYS, PRESCRIPTIONS)	_____
_____	_____	OTHER INSURANCE (RENTERS, LIFE)	_____
_____	_____	TRANSPORTATION (CAR NOTE, INSURANCE, GAS, MAINT.)	_____
_____	_____	CHILD CARE EXPENSE	_____
_____	_____	RECREATION, ENTERTAINMENT	_____
_____	_____	CELL PHONE	_____
_____	_____	INTERNET	_____
TOTAL RESOURCES	\$ _____	CABLE	_____
(BEFORE SSW GRANT)	\$ _____	MISCELLANEOUS	_____
		GEOGRAPHICALLY SINGLE TRAVEL EXPENSES	_____
		DEBT PAYMENTS	_____
		TOTAL EXPENSES	\$ _____

**OTHER SOURCES OF INCOME**

ARE YOU APPLYING FOR FEDERAL STUDENT AID? ☐ YES ☐ NO IF YES, PLEASE COMPLETE ONLINE FAFSA (SCHOOL CODE: G03566)

HAVE YOU APPLIED FOR FINANCIAL HELP TO ANY OF THE FOLLOWING? IF YES, STATE THE PRESENT STATUS OF YOUR REQUEST. IF NO, PLEASE GIVE YOUR REASONS FOR NOT APPLYING.

YOUR BISHOP/DIOCESE (MDIV / DAS) \_\_\_\_\_

YOUR PARISH OR CONGREGATION (MDIV / DAS) \_\_\_\_\_

PHILANTHROPIC ORGANIZATIONS (LIST NAMES) \_\_\_\_\_

OTHER SOURCES (LIST NAMES) \_\_\_\_\_

**CERTIFICATIONS**

I certify that this information is true and complete and understand that material omissions or inaccurate information could jeopardize my application. I understand that all application materials become the property of Seminary of the Southwest.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE