

GORDON-CONWELL THEOLOGICAL SEMINARY

**130 Essex Street
South Hamilton, MA 01982
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FAX: 978-646-4601**

**FINANCIAL AID APPLICATION
Doctor of Ministry**

Application date _____

Program name/track number _____

First residency date _____

1. Name _____
Address _____

Phone _____
E-mail _____

2. Anticipated commuting and residency expenses for one year:

Travel _____ Room _____ Meals _____

3. List amounts of confirmed sources of non-Gordon-Conwell aid:

Church/employer \$ _____ per year other \$ _____ per year
Denomination \$ _____ per year

4. Provide any additional information necessary to understand your circumstances by attaching a separate page.

Signature

Date

FOR OFFICE USE ONLY:

_____ ISIR Received _____ Letter - Personal
_____ GCTS Form _____ Letter - Church
_____ Letter – Denomination