

GORDON CONWELL

THEOLOGICAL SEMINARY

Financial Aid Office
 130 Essex Street
 South Hamilton, MA 01982
 Email: Finaidinfo@gordonconwell.edu
 P: 978-646-4018 F: 978-646-4601

Student Information:

First _____ MI _____ Last _____ Student ID# or SSN (Last 4 digits) _____

GCTS Issued Email _____

Personal Email _____

Phone Number _____

Are you a Veteran?

Yes No

Are you interested in Work Study?

Yes No

Academic Information:

I am a	Attending the following Campus		Degree Program		Anticipated Graduation Date
<input type="checkbox"/> New Student	<input type="checkbox"/> Charlotte	<input type="checkbox"/> Boston	<input type="checkbox"/> THM	<input type="checkbox"/> MA _____	<input type="checkbox"/> May _____
<input type="checkbox"/> Returning Student	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Hamilton	<input type="checkbox"/> MDIV		<input type="checkbox"/> October _____
					<input type="checkbox"/> January _____

** Please do not complete this form if you are in the Certificate, LGM, or DMIN program*
 According to federal policies and guidelines you will not be eligible for federal aid.*

Institutional Financial Assistance:

Partnership Program		GCTS Scholarship	
Have you applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Scholarship	

External Financial Assistance:

Outside Scholarship/Grant	
Agency Name	Amount

Please attach outside scholarship/grant award letter detailing the amount of the award along with applicable term(s)

Anticipated Enrollment:

	FALL 22	JAN 23	SPRING 23
NUMBER OF COURSES			
NUMBER OF CREDITS			

You must be enrolled at least half-time to be eligible for a federal student loan

Loans will be awarded for the fall and spring terms. If you anticipate a need for a summer loan, please review our information on [Summer Financial Aid](#).

Title IV Payment Authorizations:

I understand that with this application I give authorization to Gordon-Conwell Theological Seminary to apply my Title IV Federal Financial Aid proceeds to pay for all current charges billed to my student account. These may include, but are not limited to all applicable tuition, fees and book charges. If student loan funds I receive create a credit balance on my account, I give Gordon-Conwell Theological Seminary permission to hold those funds for the current financial aid award year for upcoming terms or semesters, unless I specifically request a refund of excess funds for other educational related expenses. I understand that if a credit balance should exist on my account at the end of the financial aid award year, those funds will be released to me, unless otherwise specified.

Certification

If accepted for Admission to Gordon-Conwell Theological Seminary, and if I decide to attend, I hereby acknowledge that I will be subject to the academic and social rules, regulations, and policies of the Seminary, as well as local, state and federal laws. By checking the boxes, I certify that

- All information provided is complete and accurate to the best of my knowledge.
- I will promptly submit any additional documentation requested by Financial Aid.
- Omitting or misreporting information on this form may result in a change or delay to my financial aid.
- I will immediately notify Financial Aid in writing if any information on this form changes and understand the change may impact my eligibility for aid.
- In the event that I do not notify Financial Aid of a change in my enrollment plans, my actual enrollment will be reviewed at the beginning of the term and my financial aid will be adjusted at that time, if necessary.
- By signing this form, my financial and/or academic information may be shared with outside agencies for the purpose of processing any benefit I may receive from those agencies.
- I must notify Financial Aid in writing if I receive a scholarship from any source outside of Gordon-Conwell Theological Seminary.

Student's Signature

Date

Printed Name