

GORDON-CONWELL THEOLOGICAL SEMINARY

Doctor of Ministry

130 Essex Street

South Hamilton, MA 01982

978-646-4011 FAX: 978-646-4601

dminaccounts@gordonconwell.edu

FINANCIAL AID APPLICATION

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
Personal Contribution \$ _____ per year

4. Will you need to take any MDiv Equivalency courses per your acceptance letter?

Yes No
_____ Courses

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

Signature

Date

FOR OFFICE USE ONLY:

_____ GCTS Form

_____ Letter - Personal