## THE HALE DONATION SCHOLARSHIP APPLICATION

## Please fill in all applicable information

NAME:	·····			AGE:
Last	First		Middle	
ADDRESS:				
Street	City		State	Zip
E-MAIL ADDRESS		PHONE	NUMBER	
SPOUSE'S NAME:		SPOUSE'S OC	CUPATION: _	
SPOUSE'S EMPLOYER				HOW LONG?
DEPENDENTS: (list each separately	y, with age and	relationship to app	licant)	
HOME CHURCH MEMBERSHIP:				
PRESENT CHURCH MEMBERSH				
YOUR EDUCATION:	Dates Attended	<u>Full-time</u>	Part-time	Degree and Year
Name of Seminary		Dates Attended Degree and Year or Standing		
YOUR EMPLOYMENT RECORD:	List current em	ployer first, then p	orevious work red	
Name of Employer	nclude summer <u>Type of</u>		<u>Dates</u>	Average <u>Weekly Wage</u>
INCOME:		This Academic Y	<u>'ear</u>	Next Academic Year
Your income - Wages		\$	_	\$
Spouse's Income			_	
Interest on Savings		<del></del>	_	
Other: Annuities, pensions, disability Please specify.	,etc.		_	
Family Assistance(other than spouse)	)	<del></del>	_	
Scholarship, Grants-in-aid			<u></u>	
TOTAL:			-	
YOUR OTHER FINANCIAL RESOR	URCES (as app	licable)		
Cash, savings, checking accounts \$	Hon	ne Ownership, Ass	essed Value \$	
Mortgage \$ Other Invest	ments (specify)	\$		

HALE DONAT	ΓΙΟΝ SCHOLARSHIP APPLICA	TION (CONTINUED)	
EXPENSES: A. Ed	lucational	PREVIOUS YEAR	ESTIMATE OF CURRENT YEAR
	Tuition and Fees	\$	\$
	Room		
	Board	"	
	Books and Supplies		
	Other (itemize)		<del></del>
			<del></del>
			<del></del>
		TOTAL EDUCATIONAL E	EXPENSES:
B. Per	sonal and Family Expenses Housing (rent or mortgage, taxes, utilities)	\$	\$
	Food and Clothing		¥ <u></u>
	Medical and Dental		
	Insurance's		
	Outstanding Loan Payments		
	Educational Expenses for Other Family Members		
	Recreation		
	*Other (please specify)		
		TOTAL PERSONA	L EXPENSES:
If there is a nee	ed to explain any of these expenses	s, please use this space:	OTAL:
Please attach a b	rief statement of your vocational a	aims. Clarity is an important con	sideration.
ignature of Aca	ademic Dean (as a recommendatio	n):	
Signature)		(Address)	(Position)
esponsible for re	that all information included here n the event I do not complete my sefunding this scholarship aid to the	seminary training and enter a form e Hale Donation.	m of Christian Ministry, I am
		Date Do not write below this line of grant(s) received in the past	