

Financial Award Application - Student

Contact Information

Last Name	
First Name	
Student Number	
Program	
Semester	Fall_____ Spring_____ Summer_____ Year_____
Current Semester Hours	
Current GPA	
Email	
Church	

Assess your need

Would you rate your personal financial need as

- High Medium-Low
 Medium-High Low
 Medium

Ministry

Briefly describe your active areas of ministry and approximate hours per week.

Other Awards

Will you be receiving awards or financial aid from other partners? If so please list below.

Life Direction

How do you see yourself using the education you receive at CBS?