WESTERN REFORMED SEMINARY
TUITION SCHOLARSHIP APPLICATION FORM

[This form is to be completed for each term or semester for which a scholarship is sought.]

Name ___________________________________       Date __________________________

Address ___________________________________________________________________

Telephone ________________________________

E-mail ___________________________________

Family information:

☐ single
☐ married, no dependent children
☐ married with dependent children (number of children ____ )

Is anyone else financially dependent on you?  Explain ______________________________

Explain any other major or unusual expenses ________________________________

If single, are you living alone or with someone? __________

What is your monthly mortgage/rent? __________

Are you currently working? _________

If married, does your spouse work? _________

Total current household income per month (include benefits, and support from others)

__________________

Approximate total liquid assets (checking, savings, stocks, bonds, etc.) ________________

Approximate total value of other assets (real estate equity, movable property, retirement funds, etc.)

__________________

Degree being sought ____________
Number of credits to be taken during the next semester _______  Tuition charge _________

Requested amount of tuition scholarship _________

Many scholarship recipients help WRS by working on campus. How many hours per week are able or willing to work on campus? _______

What kinds of work can you do? ________________________________