



Financial Aid Application

To be considered for financial aid in the *Graduate Program in Pastoral Ministries*, all students are required to submit:

1. **Financial Aid Application** – you may also submit a **résumé and one-page letter** explaining any special circumstances affecting your need (e.g. significant personal hardship, loss of employment, or discontinuing work to pursue full-time graduate studies).
2. **Certification of Ministry**

Please Print: Name _____

I am requesting: **(please check all that apply)**

- 25% Ministry Scholarship (To qualify you must submit a Certification of Ministry filled out and **signed by your supervisor**)
- Financial Aid or Scholarship Assistance (Can be requested separately or in conjunction with Ministry Scholarship)

Address _____

Student ID _____

Email _____

Telephone (_____) _____ - _____

Please answer the following questions:

1. Are you currently employed? Yes No
2. Are you eligible for reimbursement from your employer? Yes No
3. Will you be employed: Full Time Part Time

For which quarter(s) are you requesting financial assistance? **(please check all that apply)**

Summer 11 Fall 11 Winter 12 Spring 12

Please indicate the **number of units** you intend to take per quarter

Summer _____ Fall _____ Winter _____ Spring _____

I certify that the above information is accurate:

Signature _____

Date _____

NOTE: These documents are valid for one Academic Year Summer Session and continuing through the following Spring Quarter.

Please return this application, your résumé, and address letter to:

**Graduate Program in Pastoral Ministries - Santa Clara University
500 El Camino Real – Santa Clara, CA 95053-0337**

GRADUATE PROGRAM IN PASTORAL MINISTRIES



Certification of Ministry

This certifies that _____
Name of Student

Student ID # _____

is involved in ministry as a _____

at _____
Place of Ministry

City

State Zip

and therefore fulfills the prerequisite for receiving a 25% Ministry Scholarship.

Signature of Supervisor _____ Date _____

Name (please print) _____

Position _____

Place _____

Address _____

Telephone (_____) _____ - _____

Please return to:

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Santa Clara University
500 El Camino Real
Santa Clara, CA 95053-0337**