

# The King's Scholarship Application

## For Office Use Only

Admission status \_\_\_\_\_ Hours pre-registered for \_\_\_\_\_  
GPA Current Bimester \_\_\_\_\_ Cumulative \_\_\_\_\_  
Spouse's Admission status \_\_\_\_\_ Hours pre-registered for \_\_\_\_\_  
GPA Current Bimester \_\_\_\_\_ Cumulative \_\_\_\_\_  
Total expected expenses \_\_\_\_\_ Total expected income \_\_\_\_\_ Balance \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Spouse's Name \_\_\_\_\_  
Last First Middle

This application is for study at GIAL during \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_\_ (year)

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Family status:  Single  Married

Dependents \_\_\_\_\_

GIAL program you are/will be pursuing \_\_\_\_\_

GIAL program your spouse is/will be pursuing (if applicable) \_\_\_\_\_

Credit hours for which you are requesting assistance

\_\_\_\_\_ Undergraduate credit hrs. \_\_\_\_\_ Graduate credit hrs.

Credit hours for which your spouse is requesting assistance

\_\_\_\_\_ Undergraduate credit hrs. \_\_\_\_\_ Graduate credit hrs.

Other scholarships and grants applied for (give name & amount):

Scholarships \_\_\_\_\_

Grants \_\_\_\_\_

Which sessions do you plan to attend this term? (Check all that apply)

1  2  3  4

Which sessions will your spouse attend this term? (Check all that apply)

1  2  3  4

**Financial Information for the six months covered by the bimester in which you are seeking support.**

<b>Monthly non-educational expenses</b>	<b>1 month</b>	<b>Total</b> \$/mth x # mths
Housing (rent or mortgage, including taxes and insurance)	_____	= _____
Utilities	_____	= _____
Food	_____	= _____
Medical (including dental and insurances)	_____	= _____
Automobile (payment, gas, maintenance, insurance)	_____	= _____
Any other insurance	_____	= _____
Clothing	_____	= _____
Loans (Remember school loans may be deferred while at GIAL so should not be included.)	_____	= _____
Credit card debt	_____	= _____
Day care	_____	= _____
Children's tuition	_____	= _____
Spouse's tuition	_____	= _____
Miscellaneous (grooming, travel, etc.)	_____	= _____
Anticipated unusual expenses (e.g. moving, legal, unusual medical expenses, computers) – give details using a separate sheet if necessary	_____	= _____
<b>Total Estimated Non-School Expenses</b>	_____	= _____

**GIAL Educational expenses for you and your spouse if applicable**

	<b>Applicant</b>	<b>Spouse</b>	<b>TOTAL</b>
Tuition			<u>XXXXXXXXXX</u>
General Fees (registration, materials, computer lab, etc.)			<u>XXXXXXXXXX</u>
Books			<u>XXXXXXXXXX</u>
Travel			<u>XXXXXXXXXX</u>
Language Tutor Fees			<u>XXXXXXXXXX</u>
<b>Estimated School Expenses</b>			

**Grand Total Estimated Expenses (for time at GIAL)**

\_\_\_\_\_

**Resources**

**1 month**                      **Total**  
**\$/mth x # mths**

Your monthly income (net after taxes)	_____	=	_____
Your spouse's monthly income (net after taxes)	_____	=	_____
Income expected from your mission/church	_____	=	_____
Savings	_____	=	_____
Dividends	_____	=	_____
Interest	_____	=	_____
Insurance, pension or annuity payments	_____	=	_____
Social Security payments	_____	=	_____
Veteran's benefits	_____	=	_____
Assistance from your congregation or denomination	_____	=	_____
Assistance from your family	_____	=	_____
Scholarships, grants, etc.	_____	=	_____
Any other anticipated financial assistance	_____	=	_____
<b>Total Anticipated Income</b>	_____	=	_____

**Please explain your need for financial assistance in 300 words or less.**

The above statements are true and accurate to the best of my knowledge, and I commit to inform the Dean of Students whenever my financial situation changes significantly. I understand that all information on this application will be held confidential and will be shared only with the GIAL Financial Aid Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable,  
spouse's signature \_\_\_\_\_ Date \_\_\_\_\_