



711 KNOX ROAD | PO BOX 607 | EAST AURORA NY 14052 | (716) 652 8900 | F (716) 652 8903  
**WWW.CKS.EDU**

# GRADUATE STUDENT GRANT APPLICATION FORM

## 2017-2018 ACADEMIC YEAR

### STUDENT INFORMATION

I. Personal Information:

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Street Address City/State/Zip

\_\_\_\_\_  
E-mail Address (required)

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
Social Security # Date of Birth

2. Status:  Single  Married  Member of a religious community

3. For what program have you applied?:  MDiv  MAT  MAPM  Uncertain

4. Please indicate how much financial assistance you are requesting: \$ \_\_\_\_\_

5. Indicate the major religious and community activities and service in which you have been involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List any scholarships, grants, loans or other assistance you received during the 2016-17 academic year. Include assistance from parishes and employers.

Type	Amount
_____	_____
_____	_____

7. List any scholarships, grants, loans or other assistance you anticipate receiving during the 2016-17 academic year. Include assistance from parishes and employers.

Type	Amount
_____	_____
_____	_____

