GRADUATE STUDENT GRANT APPLICATION FORM
2017-2018 ACADEMIC YEAR

STUDENT INFORMATION

1. 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.

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

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ESSAY

Please indicate your reasons for seeking financial assistance from CKS. Since we do not ask for specific financial information, please provide details and information regarding your need for assistance and explain any changes in your financial situation. Feel free to type your response and attach a separate sheet.

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STUDENT CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include copies of my income tax returns. I also realize that if I do not give proof when asked, I may be denied aid.

Student Signature ___________________________ Date ___________________________