



Application for New or Additional Existing Scholarship

APPLICATION DEADLINE: JANUARY 15

Any student, or faculty member or administrator on behalf of a student, who wishes either to 1) request a scholarship for an existing student who does not currently have one; or 2) request consideration of an increase in an existing student scholarship, must begin with the Application for New or Additional Existing Scholarship. Completed applications will be reviewed by the Scholarship Committee at its next scheduled meeting. **The form must be completed by the student.**

A submitted request will be kept on file for one year. No other requests can be made (verbal or written) during the period that the official request is on file.

Instruction for Student: Please fully complete the Application for New or Additional Existing Scholarship and return it to the Office of Financial Aid. All information requested on the form must be provided, or the application will not be considered. Please include with the completed form a detailed letter indicating financial need, long-range goals, work experience, volunteer or community involvement, educational achievements and any special circumstances or other information that might better inform the Scholarship Committee of your situation.

Claremont School of Theology Office of Financial Aid
[1325 N. College Ave. Claremont, CA 91711](http://www.cst.edu/1325-N-College-Ave-Claremont-CA-91711)

Personal Information

Name _____ Home Phone _____

Address _____

Student ID _____ Date of Birth _____

Present employer _____

Occupation _____ Business Phone _____ Ext. _____

Number of dependents, if any _____ Ages _____

Number of credits completed _____

Financial Information

Total Annual Household - Gross Income.....\$ _____

Estimated combined take home pay for current year.....\$ _____

Estimated total household expenses for current year.....\$ _____

Other Assets: Real Estate value \$ _____ Investments \$ _____ Savings Accts. \$ _____

Other (please list) _____

Are you receiving scholarship assistance from any other source? Yes No

If yes, how much do you receive? _____



Detailed Letter

Indicate the financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances that create financial need, and any additional comments. Use the space below or attach as a separate page.

Certification:

I certify that the information provided above is true. I will attach any documentation required to confirm the above information.

Student Signature

Date