

(The following information will be held strictly confidential.)

SOURCES OF INCOME

Personal Resources \$ _____ (parents, spouse, personal savings)
 Earnings from work \$ _____
 Grants \$ _____ (from home congregation or synod)
 Loans \$ _____ Name _____
 Other assistance \$ _____
 Total \$ _____

EXPENSES

Estimated Cost of Attendance Total \$ _____ (from your LTSS Scholarship Application)

SPECIAL CONSIDERATIONS OF FINANCIAL BURDEN:

(Explain any special or unusual circumstances of which we should be aware in considering your application.)

Signed: _____ Date: _____

Return completed application to: **Doris Roof**, Chair Student Gift Fund Scholarship
 (Do not send to the seminary.) 25 Pinehurst Lane
 Newton, NC 28658

Applications must be postmarked no later than May 1st. Notification of award will be made by June, with funds distributed through the Office of Financial Aid for the following academic year.