

Mail Completed Form to: Financial Aid Office, Lancaster Bible College, PO Box 83403, Lancaster PA 17608-3403

Application Due Date:

| | |
|----------------------------|------------------|
| Fall Semester | August 1, 2008 |
| Winterim & Spring Semester | December 1, 2008 |
| Summer Semester | April 15, 2009 |

Note: All applicants must be matriculated students, working toward a degree, and registered for courses. All questions must be answered in order for your application to be considered. All scholarships are need-based. Only one application needs to be completed per academic year. Students may be required to write thank you note to donor prior to disbursement of funds.

Lancaster Bible College does not discriminate on the basis of race, color, sex, religion, national origin, age, ancestry, disability or any other basis in the administration of its financial aid programs. All information required for need analysis is kept in strict confidence.

Educational Information:

Date: ____/____/____

Academic Term that you are entering (check one): [] Fall 2008 [] Winterim [] Spring 2009 [] Summer

How many credits will you be taking? (Fall 2008: ____) (Winterim 2009: ____) (Spring 2009: ____)
(Summer 2009: ____)

Course of study: _____ Expected Graduation/Completion Date: _____

Student Information:

Name of Applicant: _____

Home mailing address: _____

Home Telephone: _____ E-mail address: _____

Are you a U.S. citizen? _____

Student Scholarship Information:

1. Please list sources of outside financial assistance that you expect to receive for each term:

| | | |
|----------------|----------------|------------------|
| Fall 2008: | Source - _____ | Amount: \$ _____ |
| Winterim 2009: | Source - _____ | Amount: \$ _____ |
| Spring 2009: | Source - _____ | Amount: \$ _____ |
| Summer 2009: | Source - _____ | Amount: \$ _____ |

2. If you graduated from the Lancaster Bible College Undergraduate Program, please complete the following information:

Degree Received: _____ Graduation Date: _____

3. Please state your career objectives/ministry goals after graduation:

4. Please indicate your need for tuition assistance and the circumstances regarding this request:

Student's Household and Income Information:

1. Your current employer: _____ Position: _____
Years of service: _____
2. Your spouse's current employer: _____
3. Number in household (include yourself and spouse): _____
4. 2007 Adjusted Gross Income (1040-line 37, 1040A-line 21, 1040EZ-line 4) \$ _____ .00
5. 2007 Untaxed Income and Benefits (yearly totals only) \$ _____ .00
i.e.: Social Security Benefits, Housing Allowance, child support,
worker's compensation, etc.

Certification:

All 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.

Student's Signature

Date

Graduate School/Financial Aid use ONLY:

GPA: _____ EFC: _____ Credits Earned: _____
Scholarship Awarded: _____ Denied: _____