



Convención de Iglesias Bautistas Hispánicas

P.O. Box 25030, Los Angeles, CA 90025

www.convencionbautista.com

Financial Aid Application

Applicant's Name: _____ SS# _____

Address: _____ Tel. _____

Birthdate: _____ Birthplace: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Occupation: _____

No. of Children: _____ Ages: _____

Other Dependents _____ Age & Relationship _____

Degree Objective: B.A. _____ M.A. _____ M.Div. _____

Year in which you expect to complete requirements for Degree: _____

Income for month year (September to August)

a.	Church employment	\$ _____
b.	Non-church employment	\$ _____
c.	Gifts from friends & relatives	\$ _____
d.	Spouse's employment	\$ _____
e.	Other Scholarship & loans	\$ _____
f.	Assets:	
	Savings	\$ _____
	Investments	\$ _____
	Property value	\$ _____
g.	Other income	\$ _____
	TOTAL	\$ _____

Expenses for 12 months (Sept. to Aug)

a.	Rent or Mortgage	\$ _____
b.	Food	\$ _____
c.	Utilities	\$ _____
d.	Clothing, Cleaning, etc	\$ _____
e.	Auto Insur. Premium	\$ _____
f.	Transportation	\$ _____
g.	Life Ins. Premium	\$ _____
h.	Medical & Dental	\$ _____
i.	Childcare	\$ _____
j.	Tuition & fees	\$ _____
k.	Miscellaneous	\$ _____
	TOTAL	\$ _____