



Alumni Association Financial Aid Application Form

Year: _____ **Term (circle ONE):** Fall I Fall II Winterim Spring I Spring II Summer

The interested NYSB student requesting financial assistance for tuition of course(s) and cost for the book(s) MUST COMPLETE this application AND a pastor/elder from the student's local church assembly MUST COMPLETE the back of this form and SUBMIT it promptly to our office. **The completed form is due in NYSB's office to the Registrar 2 weeks prior to the onset of classes** for which the student seeks assistance. All requests for assistance are considered term by term.

REQUIREMENT: Attach a 1-page letter with this application. Include in your letter:

(1) Your reason for attending NYSB, (2) Your pursued area(s) of study, and (3) A request for financial aid. Special

NOTE: Student is responsible for the registration fee \$5.

Student's Name:			Date:	
Address:				Apt #:
City:		State:	Zip Code:	
Home Telephone #:		Work Telephone #:	Mobile #:	
Church Name:				
Church Address:				
Pastor / Elder's Name:			Telephone #:	
Does your church offer its member's financial assistance to study at NYSB? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, how much total: Tuition: \$ Book(s): \$	

First-time Student?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Returning Student?	If so, last year attended:	If so, last term attended:
Course(s) you are enrolling this term:				
Course Number:		Course Name:		
Course Number:		Course Name:		

What is the total amount of aid you are requesting? Full _____x_____ Partial _____

Financial Aid for: Tuition Only **amount** _____; Book Only _____; Books & Tuition _____

In good conscience before GOD, I certify that all of the information provided in this application is true and accurate. I understand that any falsification of information will be grounds for immediate forfeiture of any financial aid funds awarded to me by NYSB.

Signature:	Date:
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Please SIGN & SUBMIT this completed application to the New York School of Bible at Calvary Baptist Church at the address below.

REMEMBER to submit your 1-page letter with this application! OFFICE USE ONLY: Reviewed by: _____

Approved by: _____

Alumni Association

Pastoral / Elder Referral for NYSB Student Financial Aid Application Form

The student named on the reverse side of this form is applying for financial assistance at New York School of the Bible (NYSEB). Please review the information on this student's application and give us your recommendation below. If you have any questions, CONTACT the Registrar at (212) 975-0170. Thank you for taking the time to complete this referral!

Your Name:		Position:
Church Name:		
Church Address:		State: Zip Code:
Telephone #:	()	E-mail Address:
Does your church offer its member's financial assistance to study at NYSB? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, how much total: \$ [Tuition: \$ Book(s): \$

Pastor's / Elder's Recommendation

<input type="checkbox"/> I reviewed the student's request for financial aid.
<input type="checkbox"/> I recommend the student for financial aid from NYSB.
<input type="checkbox"/> Our church is willing to contribute \$ _____ toward this student's tuition and \$ _____ toward this student's book(s)
<input type="checkbox"/> I do not recommend this student for financial aid from NYSB.

COMMENTS:

Please indicate in what capacity this student is active in your local church and/or any other information that would be helpful in this decision.

In good conscience before GOD, I certify that all of the information provided in this application is true and accurate.

Signature:	Date:
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Please SIGN & SUBMIT this completed application to the New York School of the Bible at Calvary Baptist Church at the address below.

OFFICE USE ONLY: Reviewed by: _____
 Approved by: _____
 Amount: \$ _____