Form Version Updated: September 23, 2020

Institutional Aid Application

Student Information:

Full (Legal) name: _____

Date of Birth: __/__/____ Last four digits of SS#:_____

Degree Program:

☐ Master of Divinity (MDiv) ☐ Master of Arts in Religion (MAR)
☐ Master of Arts in Leadership Studies (MALS) ☐ MALS/MDiv Dual Degree (DUAL)

Is your intent to be a full-time or part-time student?

☐ Full-time ☐ Part-time ☐ Undecided

What term to you plan on beginning your study: _____

Questions:

Do you have other forms of assistance available such as military education benefits, tuition reimbursement through and employer, or similar assistance?

☐ Yes ☐ No ☐ Prefer not to answer

If Yes, please explain: _____

Are you considering other schools?

☐ Yes ☐ No ☐ Prefer not to answer

If Yes, what other schools? _____

Are you able to attend Meadville Lombard without Institutional Aid?

☐ Yes ☐ No ☐ Not sure ☐ Prefer not to answer

Student Certification: I certify that all information on this form is true and complete to the best of my knowledge. I understand that I must schedule and complete a Financial Aid Interview before a decision will be made regarding my Institutional Aid Application.

Student's Signature:_____ **Date:**_____

Please email completed application to the Financial Aid Office at financialaid@meadville.edu