



200 North Main Street, Hatfield, PA 19440 ♦ 800.235.4021 ext 141

Office of Financial Aid

SCHOLARSHIP APPLICATION

Name of Scholarship that you are applying for: _____

Student Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Student ID#: _____

1. Current Degree of Study _____

2. Anticipated Graduation Date _____

3. Tell us about your current ministry work and anticipated plans after graduating from MISSIO which you feel qualifies you for the scholarship for which you are applying. (You may attach a separate sheet with details.)

4. Current Employment: _____
Household Income (monthly) Yourself \$ _____ Spouse \$ _____
Current Debt (monthly – home, education, credit card) \$ _____

5. Family Status: ()Single ()Married

List all Dependents:

Name	Age	Relationship	Name of school/college attending

Signature: _____

Be sure to include attachments applicable to this application.

Office Use Only:	Current Financial Aid being received:
Missio Grants _____	Missio Scholarships _____ Student Loans _____
Current GPA: _____	