

PRINCETON THEOLOGICAL SEMINARY
 Doctoral Research Student Program (Internationals only)
 Financial Aid Application Form

For Fall Term of Year_____

Date Application Completed_____

Please complete both pages of this application as thoroughly as you can and submit it with documentation of your resources in a timely manner. If you list savings, outside scholarships, family support or church support, you **must** enclose verification of this support when you return this form. For example, savings documentation must come from your bank on official stationery. Church or scholarship support must come in the form of a letter from the granting church or agency. Please note that we can not calculate your eligibility for need-based PTS grant aid until all documentation requested above has been received. **Please remember to report all funds in U.S. dollars. No institutional funds will be awarded until all of this information is received.**

Name_____

Last

First

Middle Initial

Address_____ Date of Birth_____

Street Address

Apartment number

_____ Place of Birth_____

City

State/Province

Zip Code

Country

Citizenship_____ Passport Number_____ Expir. Date_____

Country

Phone_____ Fax_____ Email_____

SOURCE OF FUNDS Amount Assured for September____ - January ____

Student's Assets US\$_____ Name of Bank_____

(Name of Bank)

Family's assets US\$_____ Name of Bank_____

Name on Acct. and Relationship to Student_____

Relatives and friends US\$_____ Name of Bank_____

Name on Acct. and Relationship to Student_____

Your government US\$_____ Name of Agency_____

Agencies & Foundations US\$_____ Name of Agency_____

US\$_____ Name of Agency_____

Church/denominational support US\$_____ Name of Church Body_____

Other (explain) US\$_____ Explanation:_____

TOTAL RESOURCES US\$_____

Has your government imposed restrictions on the exchange and release of funds for study in the U.S.?

YES NO If yes, describe restrictions _____

Do you have a source of emergency funds for use in the U.S.? YES NO Amount in
US\$ _____

If yes, name source _____

How will you pay for your round trip transportation to and from the
U.S.? _____

STUDENT CERTIFICATION

By my signature below, I certify that all of the information on this form is true and complete to the best of my knowledge. I understand that I must supply proof of the information that I have given on this form and have attached or will shortly supply this information. I agree to advise the Ph.D. Studies Office of any changes in the information I have provided in this application. I understand that no Princeton Theological Seminary aid will be awarded until I supply verification of the resources I have identified on this application.

Applicant's signature

Date

Applicant's name printed neatly

Returned Completed Application with supporting documents to:
Ph.D. Studies Office
Princeton Theological Seminary
P.O. Box 821
Princeton, NJ 08542-0803
U.S.A

Fax 609-497-7819
Email drsp@ptsem.edu