

# Financial Award Application - Student

## Contact Information

Last Name	
First Name	
Student Number	
Program	
Semester	Fall_____ Spring_____ Summer_____ Year_____
Current Semester Hours	
Current GPA	
Email	
Church	

## Assess your need

Would you rate your personal financial need as

- High                       Medium-Low  
 Medium-High             Low  
 Medium

## Ministry

Briefly describe your active areas of ministry and approximate hours per week.

## Other Awards

Will you be receiving awards or financial aid from other partners? If so please list below.

## Life Direction

How do you see yourself using the education you receive at CBS?