



Convención de Iglesias Bautistas Hispanas

1001 E.28th. St., Los Angeles, CA 90011

Tel: (909) 331-7256

Enviar formas por correo electrónico:

convencionbautistica@gmail.com

Financial Aid Application

Applicant's Name: _____ Tel. _____

Address: _____

Birthplace: _____ Birthdate: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Occupation: _____

No. of Children: _____ Ages: _____

Other Dependents _____ Age & Relationship _____

Degree Objective: B.A. _____ M.Div. _____ D.Min. / Ph.D. _____

Year in which you expect to complete requirements for Degree: _____

Income for month

a. Church employment \$ _____

b. Non-church employment \$ _____

c. Gifts from friends & Relatives
\$ _____

d. Spouse's employment \$ _____

e. Other Scholarship & loans \$ _____

f. Assets:
Savings \$ _____
Investments \$ _____
Property value \$ _____

g. Other income \$ _____

TOTAL \$ _____

Expenses for month

a. Rent or Mortgage \$ _____

b. Food \$ _____

c. Utilities \$ _____

d. Clothing, Cleaning, etc \$ _____

e. Auto Insurance \$ _____

f. Transportation \$ _____

g. Life Ins. Premium \$ _____

h. Medical & Dental \$ _____

i. Childcare \$ _____

j. Tuition & fees \$ _____

k. Miscellaneous \$ _____

TOTAL \$ _____