

Grace Hill Bible College

FINANCIAL AID APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment:	How long at address?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment:	How long at address?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
OTHER LOANS, DEBTS, OR OBLIGATIONS		
Description	Amount	
OTHER ASSETS OR SOURCES OF INCOME		
Description	Amount per month or value	
I authorize Grace Hill Bible College to verify the information provided on this form.		
Signature of applicant		Date