

Pittsburgh Theological Seminary Financial Aid Office 616 North Highland Avenue Pittsburgh, PA 15206 Ph: 412-924-1384

Ph: 412-924-1384 Fax: 412-924-1784

Doctor of Ministry 2022-2023 Financial Aid Application

PTS Doctor of Ministry Need-Based Assistance; Tuition Grants

To fulfill our mission of preparing theologians, Pittsburgh Theological Seminary provides financial support to students of all denominations who qualify. In order to qualify, full-time, doctor of ministry-degree seeking students must demonstrate need and apply each year.

As the Doctor of Ministry program has rolling enrollment to accommodate the different cohort groups we provide, applications are processed and awarded on a first-come, first-served basis.

<u>Travel Expenses Direction:</u> Please make sure to fill out the travel expenses part of the application as accurately as possible. Please do not estimate on the low side or the high side. If there are a variety of transportation options (i.e. flights) please use the average cost. Do the same for housing as well. Use the average cost if possible. If you have questions, please reach out to our Financial Aid Office.

Incomplete aid applications will not be processed. If you are missing information, the Financial Aid Office will reach out to you to complete the remaining portion.

The Department of Education does not advise that students/applicants submit anything with personal identifying information through email. Please mail, fax, or request a link to a secure upload file by emailing the address below.

Submit to: Pittsburgh Theological Seminary,

616 North Highland Ave 412-924-1784, fax, Financial Aid Office Pittsburgh, PA 15206 rjensema@pts.edu



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FINANCIAL AID APPLICATION 2022-2023 Doctor of Ministry Program Pittsburgh Theological Seminary

Name					
Mailing Address					
Telephone Number (day)			E	-mail	
Social Security Number			D	ate of Birth	
Focus & Location					
Year in Program (June 2022)					
Denomination					
List Session Dates You Plan to	Attend (betw	een June 1, 2	2021- May 31,	2022):	
Cohort			[Dates	Number of Credits

List the People in Your Household that You Provide over 50% of Their Support; Include:

- Spouse and children, if you provide more than half of their support between July 1, 2022 June 30, 2023
- Other people that live with you and you provide more than half of their support and will continue to provide more than half of their support between July 1, 2022 - June 30, 2023

Full Name	Age	Relationship	College, enrolled 2021-2022	
You – the student		self	Pittsburgh Theological Seminary	

Financial Information

List the source and the amount of any educational or personal development funds provided to you; include: grants from churches, denomination, agencies, and veterans' benefits.

1.		\$	
2.		\$	
List the	e estimated cost associated with attending DMin Classes (exclude tuition)		
1.	Airfare/transportation	\$_	
2.	Overnight Room/Hotel Room	\$	
Directi	ons: Please use the corresponding tax year's information when indicated to	complete.	
Income	e Information for 2020:		
a.	Student (& Spouse's) AGI:	\$	
b.	Student's income earned from work:	\$	
c.	Spouse's income earned from work:	\$	
Tax Inf	formation		
a.	Student (& Spouse's) income tax from 2020:	\$	
b.	If \$0 is written for income tax above, did you file taxes in indicated year?		
۸dditic	onal Financial Information:		
auditio		\$_	
b		\$	
С		\$ \$	
	i. Work Study, fellowships, assistantships		
d		\$	
е		\$	
f.		\$	
l leteve	d Income.		
	ed Income: a. Payments to tax deferred pension & savings plans	\$	
	(W2 boxes 12a-12d: Codes D, E, F, G, H, & S)	*	
	b. IRA deductions and payments to self-employed SEP, SIMPLE		
	Keogh and other qualified plans from IRS 1040 Schedule 1		
	(total lines 28 + 32)	\$	
	c. Child Support Received	\$ \$	
	d. Tax Exempt Interest:	\$ \$	
	e. Untaxed portions of IRA distributions and pensions from IRS	Ψ	
	Form 1040 – line 4a minus line 4b	\$	
	f. Housing/food Allowance/Parsonage		
	g. Veteran non-education Benefit	\$ \$	
	h. Worker's compensation, disability, foreign income, untaxed	¥	

	portions of health savings accounts.	
i.	Other Income or Benefits received on your behalf	\$
Assets:	Do not include retirement account.	
a.	Savings/Checking Account	\$
b.	Net worth of investments, including real estate (not primary home)	\$
C.	Net worth of current business/investment farms	\$
•	el your financial situation is not accurately captured by this form, you may request a S Financial Aid Office.	special Consideration Form
, ,	ng this application, I certify that all information reported on this worksheet is complete e or misleading information on this application my aid may be cancelled.	and correct. If I purposely
Signatur	o: Data:	