



Reformation Bible College

2011-2012

THE BACHELOR OF ARTS DEGREE PROGRAM | THE ASSOCIATE OF ARTS DEGREE PROGRAM

*Application
For
Financial
Aid*

888-RBC-1517

REFORMATIONBIBLECOLLEGE.ORG ADMISSIONS@LIGONIER.ORG

REFORMATION BIBLE COLLEGE 465 LIGONIER COURT, SANFORD, FLORIDA 32771

APPLICATION FOR FINANCIAL AID

Please type or print your responses to this questionnaire

1. STUDENT INFORMATION

Sex: Male Female

Name: Last, First, Middle, Preferred name / Nickname

Program of Study:

- Bachelor of Arts in Biblical Studies
- Bachelor of Arts in Theological Studies
- Associate of Arts in Biblical and Theological Studies

When do you plan to enroll?

Fall Term Spring Term Year:

What is your expected enrollment status?

Full-time Part-time

Present address: (effective until/...../.....)

.....
Number & Street

.....
City / State / Zip Code

.....
Home Telephone

.....
Work Telephone

.....
E-mail Address

.....
Social Security #

.....
Date of Birth (Month / Day / Year)

.....
Place of Birth

Marital Status:

Single Married Separated
 Divorced Widowed

.....
Spouse's Name

.....
Spouse's date of birth (Month / Day / Year)

.....
Name and ages of children

.....
Citizenship

Are you a veteran? Yes No

Do you receive veterans benefits?

Yes No

Please indicate whether, in either of the last two years, anyone in your parent/guardians's household received:

Supplemental Security Income Yes No

Food Stamps Yes No

Free or Reduced Price School Lunch

Yes No

Temporary Assistance for Needy Families (TANF) Yes No

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Yes No

2. PARENT/GUARDIAN INFORMATION

Sex: Male Female

Name: Last, First, Middle, Preferred name / Nickname

Present address: (effective until/...../.....)

Number & Street

City / State / Zip Code

Home Telephone

Work Telephone

E-Mail Address

Social Security #

Date of Birth (Month / Day / Year)

Place of Birth

Marital Status:

Single Married Separated
 Divorced Widowed

Spouse's Name

Spouse's date of birth (Month / Day / Year)

Name and ages of children

Citizenship

Are you a veteran? Yes No

Do you receive veterans benefits?
 Yes No

Please indicate whether, in either of the last two years, anyone in your household received:

Supplemental Security Income Yes No

Food Stamps Yes No

Free or Reduced Price School Lunch
 Yes No

Temporary Assistance for Needy Families (TANF) Yes No

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 Yes No

APPLICATION FOR FINANCIAL AID

3. FINANCIAL WORKSHEET

Please answer the following questions to the best of your ability. *Include any narratives you believe are necessary to add clarity to the answers you provide. Your answers will assist the Admissions Committee in determining the extent to which you can meet the financial obligations associated with studying at RBC.*

Note: The information you provide here will remain confidential to the Admissions Committee of RBC.

Sources of Monthly Income:

- \$
a. Parent/Guardian gross salary
- \$
b. Student's gross salary
- \$
c. Spouse's gross salary
- \$
d. Aid from spouse's parent/guardian
- \$
e. Aid from churches
- \$
f. Aid from friends
- \$
g. Loans
- \$
h. Other
- \$
Total Monthly Income

Other Potential Sources:

- \$
a. Average Monthly Savings balance
- \$
b. Average Monthly Checking balance
- \$
c. Home equity
- \$
d. Other real estate
- \$
e. Business/farm value
- \$
f. Stocks, bonds, and CDs
- \$
g. Trust funds
- \$
h. IRA/Keogh or pension
- \$
i. Housing allowance
- \$
j. Veterans Benefits
- \$
Total Other Potential Sources

Sources of Monthly Expenses:

- \$
a. Tithe/Offering (per month)
- \$
b. Tuition & fees (per month)
- \$
c. Books (per month)
- \$
d. Rent/Mortgage (per month)
- \$
e. Food (per month)
- \$
f. Utilities (per month)
- \$
g. Household/Clothing (per month)
- \$
h. Insurance (health, car, life) (per month)
- \$
i. Auto loan (per month)
- \$
j. Auto expense (fuel, repair, etc.) (per month)
- \$
k. Medical bills (per month)
- \$
l. Contribution to Savings (per month)
- \$
m. Credit cards (per month)
- \$
n. Education loans (per month)
- \$
o. Other (list)
- \$
Total Monthly Expenses
- \$
Minus Total Monthly Income
- \$
Difference between Expenses and Income

4. TAX INFORMATION

Please include copies of federal tax form 1040, W-2 and supporting schedules, for both student and parent/guardian, from the past two years. Please note: applications for financial aid cannot be considered without this information.

Note: The information you provide here will remain confidential to the Admissions Committee of RBC.

5. SIGNATURES

We, the undersigned, understand that funds for financial aid at RBC are limited. We understand that the Admission Committee's determination of an applicant's eligibility and of the amount of an applicant's financial aid award depends on the accuracy of the information provided. We therefore certify that, to the best of our knowledge, the information in this form and in the accompanying documents and narratives is true, correct, and complete.

We understand that discovery of a misrepresentation in this form and the supporting materials may be cause for declining this application, for revoking a financial aid award, or for declining or revoking admission to an Undergraduate program of RBC to which an application for admission was made.

We understand that a letter requesting financial aid from RBC must be returned with this form and with copies of our federal tax forms and schedules for the past two years. We acknowledge that applicants for needs-based aid may be asked to supply additional financial information.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Please return this completed form and the required and supporting materials to the following address:

Reformation Bible College
Admissions Committee
c/o 400 Technology Park
Lake Mary, Florida 32746