

If you are accessing this form online
Please note that it cannot be filled out
electronically. Please print the form, and
mail it as shown.
Thank you.

The General Theological Seminary
Of the Episcopal Church
DIOCESAN CONFIRMATION
Of Student Financial Assistance
Year: 2016-2017

This is to confirm that the Diocese of _____
Will provide \$_____ in support of _____
For the 2016-2017 academic year. (Name of the student)

<u>TERM</u>	<u>DATE(S) OF DISBURSMENT</u>	<u>AMOUNT</u>
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Michaelmas (Fall) Term: _____
Preferably by Sept.1

Easter (Spring) Term: _____
Preferably by Feb.1

Contact Person: _____

Address: _____

Email: _____

Phone: _____ Fax # _____

Bishop's Name: _____

 Bishop's Signature _____ Date _____

(Required before submitting to Financial Aid Office)

_____ Check will be made payable and sent directly to the student*

_____ Check will be made payable and **sent directly to the GTS Financial Aid Office**

This is advantageous to the student because the amount is counted as a credit on the student's bill.

Thus, the student doesn't have to pay the amount "up front"

NOTE: the check is **due by September 1** for the Fall semester and by **February 1** for the Spring semester in order for the amount to be off set on the student's bill.

*If a check will be sent directly to the student, PLEASE SEND A COPY OF THE CHECK TO THE FINANCIAL AID OFFICE at the address below, since by law GTS must include the amount when calculating income in federal loan needs analysis.

Please return this form to:

The General Theological Seminary
ATTN: Financial Aid Administrator ◊ 440 W 21st St, New York, NY 10011
Telephone: Toll free: (888) 487-5649 ext.380 ◊ Local (212)243-5150 ext 380
Email: financialaid@gts.edu ◊ fax: (212)727-3907 ◊ Website: www.gts.edu

PLEASE MAKE A COPY of this completed form for your records.