FACULTY OF

Theology

Application for Master of Theological Studies Degree

+ Financial Aid Application

Huron
THEOLOGY

Huron THEOLOGY

Faculty of Theology • Huron University College
1349 Western Road, London, Ontario, Canada N6G 1H3
Phone: (519) 438-7224 Fax: (519) 438-3938 e-mail: srice@uwo.ca

Application for Theology Degree Programs

Program Desired: ❒ Master of Divinity ❒ Master of Theological Studies
- Bachelor of Theology – apply at www.ouac.on.ca
- Master of Arts (Theology) – apply at www.uwo.ca/grad

I plan to attend: ❒ Full-time studies ❒ Part-time studies

Personal Info:

Surname: _____ Given Names: _____

Former Surname: _____ U.W.O. Student Number: (if applicable): _____

Date of birth: _____ ❒ Male ❒ Female ❒ Another

Mailing address: _____
Street or P.O. Box

_____
City, Province, Postal Code, Country

Permanent address: _____
Street or P.O. Box

_____
City, Province, Postal Code, Country

Telephone: _____ E-mail: _____

Citizenship: ❒ Canadian or landed immigrant ❒ Other: _____

First Language: ❒ English ❒ French ❒ Other: _____

Social Insurance Number: _____
Optional

Are you applying to other theology schools? _____

Post-Secondary Institutions attended or being attended:

Institution	Dates	Degree/Program	Graduation Date

Is your academic transcript a fair reflection of your scholastic ability? ❒ yes ❒ no

If No, please explain why not: _____

Employment held:

Employer Position Dates

_____

_____

_____

For M.Div. applicants only:

Denomination: _____ If Anglican, Diocese of _____
Optional Optional

Are you a candidate, or in the candidacy process, for ordered ministry? ❒ yes ❒ no

If Yes, what is your current status in this candidacy process? _____

Name of your current congregation: _____

List any of your significant leadership roles or activities in the church: _____

_____

_____

Financial Aid

Will you apply for financial aid/bursary assistance from Huron? ❒ yes ❒ no
(a financial aid form is enclosed, should you wish to apply)

Completion of Documentation:

❒ Original post-secondary transcript(s) for your university degrees has/have been requested to be forwarded to the Faculty of Theology, Huron University College

❒ *Master of Divinity Applications only:*
Your 400-word "Autobiographic-Religious Statement," describing your reasons for entering the M.Div. program, your vocational plans, and the formative influences in your life, is attached

❒ *Master of Divinity Applications only:*
Reference forms have been sent to the following for completion and return to Huron College:

- Minister/Priest Name: _____
  Church: _____
- University/Academic Instructor Name: _____
  School: _____
- Employer or Lay Person Name: _____
  Telephone: _____

Signature: _____ Date: _____

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Application for Financial Aid

Personal Info:

Surname: _____ Given Names: _____

Mailing address: _____
Street or P.O. Box

_____
City, Province, Postal Code, Country

Permanent address: _____
Street or P.O. Box

_____
City, Province, Postal Code, Country

Telephone: _____ E-mail: _____ Date of Birth: _____

Citizenship: ❒ Canadian or landed immigrant ❒ Other: _____

Program of Study (please circle): MTS M.Div. Year of Program: _____

Enrolling in: ❒ Full-time studies (7 or more half-courses) ❒ Part-time studies (6 or less half-courses)

Home or sponsoring diocese (if applicable): _____

Please complete section applying to your personal situation:

❒ Spouse or Partner (including common-law)

Spouse's name: _____ Spouse's occupation: _____

Spouse's gross annual income: $ _____

❒ Divorced/Separated/Single with Dependents

Number of Dependants
(18 years or less): _____ Age(s): _____ Do dependants live with you? _____ % of time: _____

❒ Single with no dependants

Student's Debt Load

Accumulated Government Loans (include this year) $ _____

Accumulated Bank Loans/Line of Credit $ _____

Oustanding Credit Card Balance $ _____

Other Loans (please specify)

_____ $ _____

_____ $ _____

Student's Assets

Car, Motorcycle, Etc. (circle)

Model: _____ Year: _____ $ _____

Combined Value of stocks, bonds, Trusts (excluding RRSPs) $ _____

Other Assets (please specify)

_____ $ _____

_____ $ _____

Please list recent employment or volunteer activities with institutions/organizations:

Volunteer Activity or Employment Dates

_____

_____

_____

over

Budget: The budget is for the normal academic year running from September to April (8 months).

Expenses	$		$	Resources	$
Tuition and activity fees		x1		Savings prior to study period	
Books & supplies		x1		Parents/spouse	
Rent per month/residence Room & board/Residence only/ Mortgage payment		x8		Relatives/friends	
Insurance costs (life, auto, home) per month		x8		Trust funds/investment cashed for use this year	
Telephone per month		x8		Provincial bursary/grant	
Heat/Utlities per month		x8		Government income (CSST, Orphan/s Benefits, Social Assistance, etc.	
Phone/Utilities hookup charges		x1		Part-time job (estimate)	
Auto (gas, maintenance)		x8		Work study bursary	
Groceries per week		x33		Other bursaries	
Clothing		x1		Other (specify)	
Laundry per month		x8			
Personal Items per month		x8			
Loan/lease payments per month Specify loan/lease:		x8			
Recreation per week		x33			
Meals purchased elsewhere per week		x33			
Round trip home (if commuting to London, state # of trips and distance)		x2			
Minimum credit card payment/month		x8			
Child care per month		x8			
Charitable donations		x2			
Other (specify)		x2			
TOTAL COSTS			$	TOTAL RESOURCES	$

NEED = Total Costs minus Total Resources = $ _____

If you do not intend to apply for government financial assistance for your studies, please explain why:

_____

What will you do if the bursary committee does not provide sufficient funds?

_____

What steps, if any, have you taken to control your debt load?

_____

Have you encountered any unexpected expenses (illness, dental, prescriptions, fire, break-in, etc., briefly give details):

_____

Declaration: I certify that this application presents an accurate outline of my financial position. I am aware that should any inconsistencies in what I have reported come to light, I may be required to repay all or part of any award received.

Signature: _____ Date: _____

Due May 31. Return in a sealed envelope, marked **CONFIDENTIAL**, to: Financial Aid Officer at address on front page.