

**FINANCIAL PLANNING FOR THEOLOGICAL EDUCATION**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

On the following pages, enter descriptions in underlined fields and whole dollar amounts in shaded fields as needed. Other fields will automatically tabulate.

**ESTIMATED FINANCIAL RESOURCES**

	Monthly Total	Annual Total	Overall Totals	Projected Need
<b>Income</b>				
Student earnings				
Spouse earnings				
Guaranteed income (Social Security, VA, etc.)				
Child Support payments received				
Other (specify): _____				
Other (specify): _____				
<b>Total Income:</b>	\$0	\$0		
<b>Other Assistance</b>				
Home Church/Congregational support				
Family/Friends support				
Presbytery support				
PCUSA scholarships/loans				
Foundations or Corporations grants				
Other (specify): _____				
Other (specify): _____				
<b>Total Other Assistance:</b>		\$0		
<b>Current Assets</b>				
Cash and savings				
Investments (CDs, stocks, etc.)				
Retirement savings (IRAs, 401Ks, etc.)				
Real Estate				
Automobiles (value over any amount owed)				
Other (specify): _____				
Other (specify): _____				
<b>Total Current Assets:</b>			\$0	
<b>Total Estimated Financial Resources:</b>			\$0	

Name: \_\_\_\_\_

**ESTIMATED EXPENSES**

	Monthly Total	Annual Total	Overall Totals	Projected Need
<b>Educational Expenses</b>				
Annual tuition				
Special academic programs (CPE, intern, etc.)				
Fees				
Books				
Other (specify): _____				
Other (specify): _____				
<b>Total Educational Expenses:</b>		\$0		
<b>Living Expenses</b>				
Rent/mortgage payment				
Utilities				
Food & household supplies				
Automobile (payments, insurance, fuel, etc.)				
Telecommunications (phone, cell, online, etc.)				
Clothing				
Incidentals				
Health insurance (only "out of pocket" expense)				
Other medical/dental				
Transportation:				
Dependent allowance				
Child Care				
Child Support payments				
Life insurance premiums				
Charitable donations				
Other (specify): _____				
Other (specify): _____				
<b>Total Living Expenses:</b>	\$0	\$0		
<b>Total Estimated Expenses:</b>			\$0	
<b>Total Income less Expenses:</b>				\$0

Name: \_\_\_\_\_

**OTHER INFORMATION**

**Indebtedness** Applicant's (and spouse's or prospective spouse's) current indebtedness. Report principal amounts and related monthly payments.

Student Loans:	<i>Combine Undergrad/Grad</i>	Applicant		(Prospective) Spouse		Total Family Debt
		Balance of Principal	Monthly Payment	Balance of Principal	Monthly Payment	
	Fed. Subsidized Stafford					0
	Fed. Unsubsidized Stafford					0
	Federal Perkins Loans					0
	PC(USA) Loans					0
	Loans from parents/family					0
	Other educational loans					0
	Estimated future loans					0
	<b>Totals:</b>	0	0	0	0	0
Non-educational: <i>List mortgage, credit cards, etc</i>						0
_____						0
_____						0
_____						0
_____						0
_____						0
<b>Totals:</b>		0	0	0	0	0
Combined indebtedness totals:		0	0	0	0	0

**Assets** Non-seminary scholarships (grants) for which you have applied (mark with '\*') or have received.

<i>Source of Assistance</i>	Amount Fall Term	Amount Spring Term
_____		
_____		
_____		
<b>Totals:</b>	0	0

I certify that the information contained on all sheets of this form is a true and accurate statement of my financial circumstances and is made in good faith.

Signature \_\_\_\_\_

Date \_\_\_\_\_