

APPALACHIAN BIBLE COLLEGE
NEW STUDENT FINANCIAL AID APPLICATION

Please complete and return this form to the ABC Financial Aid Office. Financial Aid processing cannot be completed until this form is received.

Name (Please Print) _____ Entering Fall Spring Year _____
Address _____
City _____ State _____ Zip _____
Phone: Day (_____) _____ Evening (_____) _____
Email _____
Date of Birth _____ Social Security Number _____
High School _____ Graduation Year _____
Intended Program Minor _____ ACT/SAT Score _____

yes no WV Resident? yes no PA Resident?
 yes no Child of Alumni; Name of Alumnus _____
 yes no Dependent of Professional Christian Worker (parent must be the primary family wage earner to be eligible)
Type of Ministry : Pastor Missionary Christian Education Other _____

The following Discounts and Scholarships are explained in detail in the ABC Financial Aid Brochure.

All students must have made application for admission to Appalachian Bible College.

This application does not guarantee any financial award.

Please Select any funds that you are eligible for and the Financial Aid Dept. will determine the best options for you.

DISCOUNTS

___ Commuter - Number of hours you intend to enroll for _____
___ High School Senior - I intend to enroll at ABC after graduating from High School: yes no not sure
___ Missionary - Name of Mission Board _____
___ Senior Citizen - Age _____
___ Spouse - Name of full-time student _____
Other: _____

SCHOLARSHIPS

___ Pastor's - Name _____
___ Principal's - Name _____
___ Board of Directors' - Name of Board Member _____
___ Fullmer/King Memorial Alumni - Name of Alumnus _____
___ International Student - Citizen of what country _____
___ IFCA - Title, year and place of award _____
___ AWANA - Level of award and church _____
___ Competition - Title and place of award _____
___ Bible Impact Ministries - Verification _____
___ Word of Life Transfer; ___ Word of Life Matching - Year of graduation _____

Signature _____ **Date** _____