

**HIGHER EDUCATION FINANCIAL AID FORM  
CENTRAL BAPTIST CHURCH, SPRINGFIELD, ILLINOIS**

A. PERSONAL INFORMATION. Please fill in all items completely. This is a fillable pdf form.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone (if any) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

B. FAMILY INFORMATION. If you are financially self-supporting and living independently, skip this section and continue with section C. In this section, you need not list family members who are deceased, financially independent of your parent(s)/guardian(s), or uninvolved in the support of your family.

Name(s) of parent(s) or guardian(s) \_\_\_\_\_

Father or Male Guardian: Occupation or Job Title \_\_\_\_\_

Name of Employer(s) \_\_\_\_\_

Mother or Female Guardian: Occupation or Job Title \_\_\_\_\_

Name of Employer(s) \_\_\_\_\_

Names and ages of brothers and sisters living at home \_\_\_\_\_

\_\_\_\_\_

C. EMPLOYMENT & DEPENDENT INFORMATION. Fill out all items which apply. If you are not employed or married and have no dependents, you may skip this section and continue with section D.

Your Employment Status (check all that apply):

Full-time       Part-time       Year-round       Summer/seasonal

Will be employed while attending classes

Approximately how many hours per week do/will you work on average? \_\_\_\_\_

Your Occupation/Job Title \_\_\_\_\_ Employer(s) \_\_\_\_\_

Name of Spouse (if applicable) \_\_\_\_\_

Spouse's Occupation/Job Title \_\_\_\_\_ Employer(s) \_\_\_\_\_

List names and ages of any individuals who are financially dependent on you and give their relationship to you (son, daughter, etc.). Attach a separate sheet if needed.

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D. COLLEGE/FINANCIAL INFORMATION. Please fill in all items as completely as possible. Incomplete or inaccurate information may result in the rejection of your application.

Name of college(s) you plan to attend \_\_\_\_\_

Current/intended academic major \_\_\_\_\_

Your present career/occupational goal \_\_\_\_\_

What year in college will you be in the fall? \_\_\_\_\_

(Check one) I will be a \_\_\_ full-time \_\_\_ part-time student.

EXPENSES

RESOURCES

Tuition \_\_\_\_\_

Other Scholarships \_\_\_\_\_

Room/Board \_\_\_\_\_

Loans \_\_\_\_\_

Fees \_\_\_\_\_

Savings \_\_\_\_\_

Name and address of college financial aid officer for which these expenses apply:

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If any other family members will be attending college this fall, list names and colleges below:

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This form must be submitted to the Higher Education Fund Team, or Rev. Mary Ellen Sharp of Central Baptist Church in Springfield, Illinois on or before June 1 of the year for which aid is being requested. Only members in good standing with the church are eligible to receive financial aid from the Higher Education Fund Team.