

Philippine College of Ministry

Financial Aid Application Form

Name: _____ Date: _____ PCM ID# _____	
Address:	Office Use Only. Previous Semester: <input type="checkbox"/> Tuition grant <input type="checkbox"/> PCM Work-Study <input type="checkbox"/> Cook's scholarship <input type="checkbox"/> Scholarship based on Financial Need
My family is able to pay P _____ per month for my education. My church has committed to pay P _____ per month for my education.	
<input type="checkbox"/> All full-time first-year students receive the Tuition Assistance Grant <input type="checkbox"/> All continuing students with a "B" average (3.0 GPA or 87 Overall Rating) or higher last semester receive the Tuition Assistance Grant <input type="checkbox"/> After the first year, no student on Academic or Disciplinary Probation is eligible for any kind of financial aid except for the PCM Work-Study Grant	Office Use Only. <input type="checkbox"/> First Year <input type="checkbox"/> Full-time <input type="checkbox"/> Probation <input type="checkbox"/> Last Semester GPA _____
<input type="checkbox"/> I am applying to participate in PCM's Work-Study Program. I would be interested in: <input type="checkbox"/> Kitchen Work <input type="checkbox"/> Cooking <input type="checkbox"/> Daily marketing for meals <input type="checkbox"/> Clean Up <input type="checkbox"/> Computer Lab (requires prior training in Computers) <input type="checkbox"/> Library Last semester I had the following job(s): _____	
<input type="checkbox"/> I am applying for the Minister's Discount. I affirm that I am a minister, the spouse of a minister, or the child of a minister who relies on a church or para-church organization for income.	
<i>I hereby affirm that all of the information supplied on this Financial Aid Application Form is complete, true, and accurate. I understand that providing false information is cause for denial or loss of financial aid.</i>	
_____	_____
Signature	Date
<input type="checkbox"/> Tuition Grant P _____ /Semester <input type="checkbox"/> Work Study (incl. Cook's) P _____ /month <input type="checkbox"/> Minister's Discount P _____ /month <input type="checkbox"/> Financial Need P _____ /month	<input type="checkbox"/> Level One <input type="checkbox"/> Level Two _____ Scholarship Identification