

**SAINT CHARLES BORROMEIO SEMINARY**

1400 Evans Road, Ambler, PA 19002

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Telephone (610) 785-6582

*Application for Financial Assistance*

**ACADEMIC YEAR 2025/2026**

Once completed and signed, return this application to the Seminary Financial Aid Office.

**EVERY applicable item MUST be completed.**

**Please TYPE or PRINT in INK.**

I wish to apply for financial assistance for the 2025/26 academic year.

1. Name \_\_\_\_\_ 2. \_\_\_\_\_  
(Last) (First) (Middle) Social Security Number

3. Permanent Address \_\_\_\_\_  
(Street) (Apt. No.)

\_\_\_\_\_ 4. Telephone ( ) \_\_\_\_\_  
(City) (State) (Zip) (area code)

E-Mail Address: \_\_\_\_\_

5. Sponsor: Diocese/Religious Order: \_\_\_\_\_

6. Applicant's Date of Birth: \_\_\_\_\_

7. Citizenship: \_\_\_ U.S. \_\_\_ Permanent Resident No. \_\_\_\_\_ \_\_\_ Other/Visa No. \_\_\_\_\_

8. My place of residence during the 2025/26 academic year:

\_\_\_ Campus Dormitory \_\_\_ Other

9. Academic Grade Level for 2025/26 \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior  
\_\_\_ Pre-Theology \_\_\_ 1st Theology \_\_\_ 2nd Theology  
\_\_\_ 3rd Theology \_\_\_ 4th Theology \_\_\_ Graduate School of Theology

10. Number of Credits to be Attempted: \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER

11. Do you qualify for Veterans Benefits? \_\_\_ Yes \_\_\_ No

If yes \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.

12. Are you receiving Social Security Benefits? \_\_\_ Yes \_\_\_ No

If yes \$ \_\_\_\_\_ per month (Personal) \$ \_\_\_\_\_ per month (Parent/Guardian)

13. Please indicate any other assistance you expect to receive during the 2025/26 academic year. (Example: Knights of Columbus scholarship, support from relatives, etc.):

Type	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Previous college education? \_\_\_ Yes \_\_\_ No If yes, list previous college(s) below:

COLLEGE OR UNIVERSITY	CITY & STATE	DATES ATTENDED (mo/yr)		DEGREE(S) EARNED
_____	_____	From _____ / _____	To _____ / _____	_____
_____	_____	From _____ / _____	To _____ / _____	_____
_____	_____	From _____ / _____	To _____ / _____	_____

15. I am interested in being considered for the following types of Financial Aid:

- Federal Direct Loans (**First time borrowers at SCS are required to complete a Master Promissory Note and Entrance Counseling online at [www.studentaid.gov](http://www.studentaid.gov)**)
- Federal (SEOG) Supplemental Educational Opportunity Grant. (Pell eligible/undergraduate students only)

**All students wishing to be considered for need based assistance must complete the current Free Application for Federal Student Aid (FAFSA)**

You may file the FAFSA on the Web at [www.FAFSA.gov](http://www.FAFSA.gov). The Title IV school code for St. Charles Seminary is 016229. You will need a Username and password to login in to complete and sign the FAFSA form.

**CASH MANAGEMENT STATEMENT**

If the total amount of your federal aid is greater than your tuition, room and board, you can authorize St. Charles Borromeo Seminary to use your financial aid credit balance to pay your other charges (room key deposit, etc.). You may rescind this authorization at any time prior to incurring any miscellaneous charges. You may NOT rescind this authorization once any such charges have been made.

**You must indicate your choice below to comply with federal regulations:**

If I have financial aid more than tuition, room and board:

\_\_\_ I authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition account

**OR**

\_\_\_ I do not authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition account. I understand that I will be responsible for the payment balance for these charges.

**CERTIFICATION OF APPLICANT**

I hereby certify that:

1. I am a \_\_\_ full-time \_\_\_ part-time student in good standing as defined by the Office of the Registrar.
2. I will report immediately to the Financial Aid Office any change in the information on this application, as well as any financial aid that I may receive through agencies or organizations other than Saint Charles Borromeo Seminary.
3. I understand that the Seminary reserves the right to adjust its financial aid award to me in accordance with my financial need as reflected in the needs analysis report of the Free Application for Federal Student Aid (FAFSA).
4. All information submitted on financial aid forms is true, correct, complete and verifiable. The Seminary reserves the right to resolve discrepancies and to make adjustments as necessary and required.
5. If I am awarded financial aid, I will comply with all regulations pertaining to my award.

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

\_\_\_\_\_  
Date Signed