Thomas W. Gillespie Grant Application Form

Thomas W. Gillespie was the 5th President of Princeton Theological Seminary. He had a particular concern for students with financial need and was instrumental in creating the Exceptional Financial Need Grant, now called the Thomas W. Gillespie Grant.

This PTS aid program is designed to provide additional need-based grant aid to our neediest MDiv., MTE, MTS, MDiv/MACEF and MACEF candidates, to assist them in meeting educational expenses while reducing the need for student loans. The Thomas W. Gillespie Grant Program is based on the concept of helping those who work hard to help themselves.

AWARD AMOUNT:

Depending upon the annual budget for this program, maximum awards are:

- Up to $4,000 for married and single students with dependents
- Up to $2,000 for single and married students without dependents

Disbursements:

- Fall Disbursement: By November 15
- Spring Disbursement: By February 15

ELIGIBILITY REQUIREMENTS:

An eligible student must meet all the following requirements in order to be considered for a Gillespie Grant:

- Be enrolled full-time in the MDiv., MTE, MTS, MACEF or MDiv/MACEF program.
- Demonstrate financial need for this grant via this application (and supporting documentation, if necessary.)
- Document outstanding educational debt exceeding $20,000 and NOT be currently in default on any previous loan.
- Document part-time employment of at least 7 hours per week and have commenced employment by 10/15. If employed off-campus, two recent paystubs showing hours worked are required. Documentation of winter/spring employment will be required to receive spring disbursement.
- Document application for outside scholarship/grant support from church, denomination, or other external sources of funding. Sweepstakes/drawings, and/or any applications only requiring your name/address/email do not fulfill this requirement.

Application and supporting materials must be received by the Office of Student Financial Services by October 15. Applications will not be considered if they are incomplete or received after the October 15 deadline.

Office of Student Financial Services P.O. Box 821, Princeton, NJ 08542-0803
SFS@ptsem.edu | 609.497.7781 | Fax: 609.228.5015

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Please complete all parts of this application (front and back.) Incomplete applications will not be considered for funding.

Applicant Information

Applicant Name (Last, First, MI):		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone #:
Degree Program:	Year:	Graduation Date:
Marital Status:	Spouse's Name (if applicable):	
No. of Children:	Children's Name/DOB:	
Children's Name/DOB:		
Employer:	Employer City/State:	
How long employed?	Wage Rate/ Salary:	
Have you applied for grant funding from your church or denomination?		YES NO
Expected Church Funding	$	
Have you applied for other outside grants?		YES NO
Expected Funding Source:	$	
Expected Funding Source:	$	
Total Current Ed. Debt	$	
Monthly standard repayment amount (can be found using calculator at https://studentaid.gov/loan-simulator)		$
Please describe your financial status which necessitates your need for this grant:		

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Financial Information/Budget:

Academic Year Income (September-May)	
Income	**Academic Year Amount:**
Pay from Work (before taxes/fees)	$
Spousal Income (if applicable)	$
Outside Aid	$
Institutional Grants/Scholarships	$
Other Income	$
TOTAL INCOME (add up the above)	$
Academic Year Expenses (September-May)	
Tuition	**Academic Year Amount:**
Institutional Tuition	**$**
Books	**$**
Housing	**Academic Year Amount:**
Rent	**$**
Renter's Insurance	**$**
Utilities	**$**
Other Housing Expenses	**$**
Food and Supplies	**Academic Year Amount:**
Groceries/Household Supplies	**$**
Meals Out	**$**
Other Food Expenses	**$**
Transportation	**Academic Year Amount:**
Public Transit/Taxis/Rideshares	**$**
Car Payment	**$**
Car Insurance and Registration	**$**
Gas	**$**
Car Maintenance	**$**
Other Transportation	**$**
Health	**Academic Year Amount:**
Health Insurance Premium	**$**
Medicines	**$**
Other Health	**$**
Personal/Family/Miscellaneous	**Academic Year Amount:**
Clothing/Laundry/Cleaning	**$**
Phone	**$**
Recreation/Incidentals	**$**
Other Expenses	**$**
TOTAL EXPENSES (add all the above)	**$**

TOTALS

Total Income:	Total Expenses:	Difference:

By signing below, I am stating that the information I have presented here is true to the best of my ability, and I understand that any grant I receive may be revoked if I am found to have knowingly given false information. Signature_____ Date_____

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