If you are accessing this form online

Please note that it cannot be filled out

electronically. Please print the form, and

mail it as shown.

Thank you.

**The General Theological Seminary**

Of the Episcopal Church

DIOCESAN CONFIRMATION

Of Student Financial Assistance

Year: \_\_\_\_\_- \_\_\_\_\_\_

This is to confirm that the Diocese of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will provide $\_\_\_\_\_\_\_\_\_ in support of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the \_\_\_\_\_\_\_\_\_\_\_\_\_ academic year. (Name of the student)

TERM DATE(S) OF DISBURSMENT AMOUNT

Michaelmas (Fall) Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferably by Sept.1

Easter (Spring) Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferably by Feb.1

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Required before submitting to Financial Aid Office)**

\_\_\_\_\_\_\_\_ Check will be made payable and sent directly to the student\*

\_\_\_\_\_\_\_\_ Check will be made payable and **sent directly to the GTS Financial Aid Office**

This is advantageous to the student because the amount is counted as a credit on the student’s bill.

Thus, the student doesn’t have to pay the amount “up front”

**NOTE:** the check is **due by September1** for the Fall semester and by **February 1** for the Spring semester in order for the amount to be off set on the student’s bill.

**\***If a check will be sent directly to the student, PLEASE SEND A COPY OF THE CHECK TO THE FINANCIAL AID OFFICE at the address below, since by law GTS must include the amount when calculating income in federal loan needs analysis.

**Please return this form to:**

The General Theological Seminary

ATTN: Financial Aid Administrator◊440 W 21st St, New York, NY 10011

Telephone: Toll free: (888) 487-5649 ext.380 ◊ Local (212)243-5150 ext 380

Email: [financialaid@gts.edu](mailto:financialaid@gts.edu) ◊fax: (212)727-3907 ◊ Website: [www.gts.edu](http://www.gts.edu)

**PLEASE MAKE A COPY of this completed form for your records.**