

SANBALTAR INTERNATIONAL UNIVERSITY

39355 CALIFORNIA STREET, 108, FREMONT, CA 94538



APPLICATION FOR SCHOLARSHIP

Year ____ Fall ____ Winter ____ Spring ____ Summer ____

(This financial assistance is from the SBIU Scholarship Funds. These funds may be used for any financial obligation accrued while pursuing a degree at Sanbaltar).

ELIGIBILITY:

1. The student must be enrolled full-time.
2. The student must consistently maintain at least 2.5 G.P.A.
3. The student must prove the need for financial assistance.

I. PERSONAL INFORMATION

1. Name in Full: _____
2. Mailing Address: Number _____ Street _____
City _____ State _____ Zip _____
3. Telephone: Home: _____ Work: _____
4. Date of Birth: _____ Place of Birth: _____ Race: _____
5. Social Security Number: _____
6. Parent's Address: Number _____ Street _____
City _____ State _____ Zip _____
7. Single _____ Married _____ Engaged _____ Divorced _____
8. If Married, Name of Spouse: _____
9. Number of Children: _____ Ages: _____
10. Employer: Name _____ Address _____
_____ Position _____
11. Employer's Study Program Benefits, if any: _____
12. If a Veteran, are you eligible for VA Benefits? _____ File Number _____
13. Are you related to any faculty member at SBIU? _____
If so, Name and Relationship _____
14. Total Number of members in your household: _____
15. Total Annual Income of self: \$ _____
16. Total Annual Income of others in the household: \$ _____

II. EDUCATIONAL INFORMATION

1. Which degree program do you desire to enter or are you enrolled already?
_____ Bachelors in Biblical Studies
_____ Masters in Biblical Studies
_____ Doctoral in Biblical Studies
_____ Special Student
2. Date of Admission to SBIU: _____
3. What classification do you have at SBIU?
_____ Freshman _____ Junior _____ Special
_____ Sophomore _____ Senior
4. What is your GPA for the entire High School and /or College Course so far? _____

5. Are you a Full-time student at SBIU presently? _____
6. When do you expect to complete the current degree course at SBIU? _____

III. FINANCIAL INFORMATION

- | | |
|--|----------|
| 1. Amount of Tuition | \$ _____ |
| 2. Amount of Books | \$ _____ |
| 3. Amount of Personal Contribution | \$ _____ |
| 4. Amount of Family Contribution | \$ _____ |
| 5. Amount of Ohio Instructional Grant | \$ _____ |
| 6. Amount of Ohio Choice Grant | \$ _____ |
| 7. Amount of Contributions from other sources, etc | \$ _____ |
| 8. Amount of SBIU Scholarship already approved | \$ _____ |
| 9. Amount of SBIU Scholarship now requested | \$ _____ |

IV. REFERENCES

Please give three names who know your financial situation personally.

1. Name: _____ Address: _____
Telephone: _____
2. Name: _____ Address: _____
Telephone: _____
3. Name: _____ Address: _____
Telephone: _____

The above information is true and correct to the best of my knowledge and belief.

Student Signature: _____ Date: _____

For office use only

Recommendations of the Scholarship Committee

Approved: _____
 Denied: _____
 Date: _____
 Type of Scholarship _____
 Amount Awarded: _____

Signature of Committee Members

1. _____
2. _____
3. _____

Signature of Committee Chairperson