



FINANCIAL AID REQUEST FORM

CONSERVATIVE THEOLOGICAL UNIVERSITY

12021 Old St. Augustine Road

Jacksonville, FL 32258

904-262-8275

Admissions Only: 1-800-GO-BIBLE

Name _____

D.O.B. _____

Address _____
Last First Middle State Zip

Student number (SS#) _____ - _____ - _____ Marital status _____

Home phone number (____) _____ Work phone (____) _____

Degree program _____ Date of student approval _____

Itemized Monthly Income

Source _____	Amount \$	\$ _____
_____		\$ _____
_____		\$ _____
	Income Total \$	\$ _____

Itemized Monthly Expenses (Set payments, average expenditures)

Item	Amt. Monthly	Unpaid Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Monthly Payments \$	_____

Affirmation:

This is a comprehensive and accurate report of my (and my family's) current financial condition. I will notify CTU of any changes. I understand that all decisions of the CTU financial aid committee are final. (add attached)

For this request of financial aid to be fully considered, IRS Form 8821 will be required. Authorization to release financial information must be signed and dated. This authorization is exclusively for the purpose of considering the financial aid request and will not be used for any other purpose

Signature _____ Date _____