

**North Central New York Conference
The United Methodist Church**

2009 Bulson Memorial Student Loan Application

Please type or print legibly

Social Security # _____

1. Name (in full) _____
Last First Middle

2. Permanent Address _____
Street/Route/POB City/State/Zip

3. Address at school _____
Street/Route/POB City/State/Zip

4. Student phone number () _____ Parent phone number () _____

5. Student email _____ Parent e-mail _____

6. Name and location of college/university in which you are now enrolled or will be:

7. Present academic status: High School Senior []
College: Freshman [] Sophomore [] Junior [] Senior [] Graduate Student []

8. Are you a Full-time degree candidate? (Y/N) _____

9. For what degree? _____ Intended vocation _____

10. Anticipated graduation date _____

11. Male [] Female [] Date of birth _____ Marital status _____

12. Occupation _____ Income \$ _____

13. If married, name of spouse _____

Spouse's occupation _____ Income \$ _____

14. Father's name _____ Occupation _____

Address _____ Income \$ _____

Mother's name _____ Occupation _____

Address _____ Income \$ _____

15. Parental support (please explain and enter an amount in the financial statement OR attach a letter)

16. Dependents names and ages _____

17. Any outstanding Bulson loans? _____

Year(s) and amount(s)

18. Sponsoring Church _____ District _____

Pastor's signature _____ Date _____

Please enclose with this application and financial statement:

- Transcript of grades
- Verification of college enrollment
- Letter of recommendation from Pastor of Sponsoring Church

Financial Statement

(This statement must be completed before your scholarship request can be reviewed)

FINANCIAL AID IS REQUESTED FOR ACADEMIC YEAR 2009

LOAN AMOUNT REQUESTED _____

(Maximum of \$4,000 per year)

INCOME AVAILABLE to meet expenses
for the academic year

Personal funds (cash, savings, etc.)

Total summer earnings _____
amount available for school _____

Expected earnings for academic year* _____

Parental support _____

Spouse's income* _____

Assistantships _____

Scholarships (itemize) _____

Grants (itemize) _____

Loans (itemize) _____

Other income (itemize) _____

TOTAL INCOME _____

ESTIMATED EXPENSES for the academic year

Tuition and fees

Books _____

Housing _____

Food _____

Clothing and laundry _____

Medical care _____

Transportation (itemize) _____

Other expenses (itemize) _____

TOTAL EXPENSES _____

Please note: On a separate sheet describe any unusually high expenses. (Additional itemized expenses may also be listed.) Special circumstances that may affect your financial situation should be explained.

* after all taxes have been deducted

Financial Statement

If you are a self supporting student, list number of dependents (explain) _____

HAVE YOU APPLIED FOR OTHER FINANCIAL AID for the academic year listed above? _____

IF YES, name sources _____

Have you received notification of approval/disapproval? _____

IF APPROVED, list amount you have (or will) receive from each source _____

HAVE YOU LISTED THESE AMOUNTS in the appropriate income section above? _____

List education loans unpaid for prior years

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We recommend you complete one of the needs analysis forms (FFS, FAF,GAPSFAS, etc.) and request agency (ACT, CSS, GAPSFAS, etc.) send a report to this office.

I certify that, to the best of my knowledge, the information contained in this statement is correct and complete.
I understand it is my responsibility to ensure all supporting documentation (official transcripts, references, etc.) is received by the Office of Loans and Scholarships by the appropriate deadline date.

Signature of student - in full

Date

Application deadline: May 15, 2009