

## Financial Statement (2025 - 2026)

|   |   |                           |         |  |                               |                        |
|---|---|---------------------------|---------|--|-------------------------------|------------------------|
| <b>Select one of the following:</b> (A) Child of a single parent (B) Child of a missionary, (C) Child of a Pastor of a non-self sufficient church, (D) Local theological student from the mission field, (E) Member of other church/community |   |                           |         | (A/B/C/D/E)  |                               |                        |
| <b>In 2025-2026 school year, you will be:</b><br>(1) A college freshman; (2) An undergraduate student; (3) A graduate student   |   |                           |         | (1/2/3)  |                               |                        |
| I - Applicant   |   |                           |         |  |                               |                        |
| Name<br>(Last, First MI)  |   |                           |         | Date of Birth<br>(MM/DD/YYYY)                                  |                               | Sex of Applicant (M/F) |
| Residency   | Address   |                           |         |  |                               |                        |
|   | House (    ), Condo (    ), Rent-House (    ), Rent-Apt (    )<br>This property is: Yours(    ), Parent's (    ), or Other's (    ) |                           |         |  | Other: dorm, etc (specify it) |                        |
| Household Income (2024)<br>Item 22 in 2023 IRS 1040 Tax Return, or equivalent.  |   | \$                        |         | * Please provide your (or parent's) 2024 Tax return documents. |                               |                        |
| Cost of Attendance (per school year)  |   |                           |         |  |                               |                        |
| Financial source of Tuition   | Amount  | Description               |         |  |                               |                        |
| Yourself  | \$  | Employer                  |         |  | Working hours per week:       |                        |
| Parent(s)   | \$  |                           |         |  |                               |                        |
| Student Loan  | \$  | Type of loan:             |         |  |                               |                        |
| Scholarship   | \$  | Name of the scholarships: |         |  |                               |                        |
| Amount of Need  | \$  |                           |         |  |                               |                        |
| II - Financial Circumstances  |   |                           |         |  |                               |                        |
| At your best knowledge, please complete the following financial information:  |   |                           |         |  |                               |                        |
| List of your family <b>monthly</b> expenses (If you and your family live separately, please combine both expenses IF they will be paying your expenses):  |   |                           |         |  |                               |                        |
| Expenses  | Amount  |                           | Paid By |  |                               |                        |
| Rent/Mortgage:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Car Payment:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Gas:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Insurance:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Food:   | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Utilities:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Internet/cable:   | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Phone/cell:   | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Medical:  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Credit cards:   | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Other1(                    )  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Other2(                    )  | \$  |                           | __ Self | __ Parents   | __ Guardian/others            |                        |
| Tuition / <b>Semester</b>   | \$  |                           |         |  |                               |                        |
| Text Books/ <b>Semester</b>   | \$  |                           |         |  |                               |                        |
| Total:  | \$  |                           |         |  |                               |                        |

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### III - Financial References(PLEASE REMEMBER YOUR FAMILY MEMBER CAN'T BE YOUR REFERENCE(Parents, Sister&Brother, Grand Parents)

|  |                 |                 |            |          |  |  |
|--|-----------------|-----------------|------------|----------|--|--|
| List 3 references who understands and can testify to MHSFFE applicant's financial circumstances (References can't be a member of your house) | Name (1)        |                 | Occupation | Employer |  |  |
|  |                 |                 |            | Address  |  |  |
|  | Relation        |                 |            | Position |  |  |
|  | Contact Info.   | Mailing address |            |          |  |  |
|  |                 | Email           |            |          |  |  |
|  |                 | Phone (Daytime) |            |          |  |  |
|  | Name (2)        |                 | Occupation | Employer |  |  |
|  |                 |                 |            | Address  |  |  |
|  | Relation        |                 |            | Position |  |  |
|  | Contact Info.   | Mailing address |            |          |  |  |
|  |                 | Email           |            |          |  |  |
|  |                 | Phone (Daytime) |            |          |  |  |
|  | Name (3)        |                 | Occupation | Employer |  |  |
|  |                 |                 |            | Address  |  |  |
|  | Relation        |                 |            | Position |  |  |
| Contact Info.  | Mailing address |                 |            |          |  |  |
|  | Email           |                 |            |          |  |  |
|  | Phone (Daytime) |                 |            |          |  |  |

**Signature**

This application is not valid unless signed and dated by the applicant. Your signature verifies that the information provided is accurate and correct. False information will result in termination of any award that might be granted. Your signature also authorized MHSFFE to release information regarding your scholarship for public relations purposes if you should receive an award.

All personal information will be kept strictly confidential

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|