



First Evangelical Church Association
羅省基督教會聯會

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APPLICATION FOR FINANCIAL AID TO RETURNING SEMINARIANS

Please fill out #1-3, have your pastoral adviser fill out # 4, and discuss the evaluation together

Please type or print clearly

1. PERSONAL INFORMATION

Date _____

Name: _____ (English) _____ (Chinese)

Please fill out if your information has changed:

Address (Current): _____

Tel. #: _____ (Home) _____ (Work)

Pager / Fax #: _____ E-mail address: _____

2. ACADEMIC PROGRESS

A.) A brief summary of the academic accomplishments in the past year:

<u>Term #1</u>	<u>Class</u>	<u># of Units</u>	<u>Grade</u>
<u>Term #2</u>	<u>Class</u>	<u># of Units</u>	<u>Grade</u>
<u>Term #3</u>	<u>Class</u>	<u># of Units</u>	<u>Grade</u>

B.) Are you on schedule toward your degree objective? Yes No
 Your projected graduation date: _____

c.) Classes scheduled for the summer? Yes No

<u>Class</u>	<u># of Units</u>	<u>Class</u>	<u># of Units</u>
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3. PERSONAL SPIRITUAL FORMATION

Please describe in detail your devotional life, especially your prayer life during the school year and what area in your life, you need to experience the transformed work of the Holy Spirit.

4. INTERNSHIP EVALUATION

A) What is/are the primary ministry(ies) in which the intern is involved?

B) On the basis of your interaction with the intern, please respond to the following. Please explain any poor rating on page 4.

a. Job performance

Inadequate 1 _____ 2 _____ 3 _____ 4 _____ 5 Highly Skilled
Average

b. Use of time

Has Problems 1 _____ 2 _____ 3 _____ 4 _____ 5 Well Organized
Average

c. Completion of assignments/commitments

Poor 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

d. Learning and growth of intern (as you have observed it)

Needs Help 1 _____ 2 _____ 3 _____ 4 _____ 5 Progressing Well
Average

e. Intern's teachability/attitude toward supervision

Unsatisfactory 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

f. Attitude toward staff/co-workers

Unsatisfactory 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

g. Faithfulness and cooperation in job assignment

Unsatisfactory 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

h. Ability to apply personal faith to ministry

Poor 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

i. Ability to make mature decisions

Poor 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent
Average

j. Ability to relate theological studies to ministry tasks

Poor 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent

Average

k. Ability to listen and to empathize

Poor 1 _____ 2 _____ 3 _____ 4 _____ 5 Excellent

Average

I. Overall rating of intern at this point

May not be suited

for Ministry 1 _____ 2 _____ 3 _____ 4 _____ 5 Highly gifted

Average

Please comment on your overall rating:

C) Please describe the frequency and quality of your supervisory meetings with the intern:

a. Do you meet regularly? Please explain.

b. Please describe the quality of your meetings:

* Session 4 is adapted from Fuller Theological Seminary's Field Education material.

We have read and discussed this evaluation together:

Pastoral Adviser's signature

Intern's signature

Date

Please return this evaluation form to:

**Chairperson of the Association Mission Committee
First Evangelical Church Association
2617 W. Beverly Blvd.
Montebello, CA 90640**

APPENDIX:

INTERNSHIP EVALUATION: Please explain any poor rating in each category.

FIRST EVANGELICAL CHURCH ASSOCIATION

UPDATED EXPENSES AND INCOME FORM FOR RETURNING SEMINARIANS

(Applicant _____ Period from _____ to _____)

EXPENSES (based on a nine-month school year)

Category	Estimate Cost	Office Use
Tuition		
Fees		
Books / Education supplies		
Housing (include gas, electricity, and water)		
Telephone		
Food		
Clothing, laundry, cleaning		
Recreation		
Vehicles (Make & Year)		
A) Payment		
B) License & Insurance		
C) Operating costs (miles/yr.) for: employment & Practicum _____ commuting _____ other essential use _____ Total above miles and multiply by \$.15 for standard, \$.13 for compact, \$.10 for foreign compact		
D) Anticipated major repairs		
Health Insurance (basic coverage REQUIRED)		
Medical and Dental not covered by insurance		
Life Insurance		
Child Care (if ongoing, please document)		
Other or unusual expenses (please specify)		
TOTAL ESTIMATED		
EXPENSES TOTAL ESTIMATED RESOURCES		
REMAINING NEED		

Reviewed and verified by: _____ Date: _____

*** On a separate sheet, please give explanation to any unusual or exceptional expenses listed above.**

INCOME

A.) Please list all the source of income you will receive during your time of study (scholarship, grant, other student loans, employment, friends/family support, saving utilized etc.)

Source	Amount
_____	_____
_____	_____
_____	_____
_____	_____

B.) Financial Status

	Balance
Total Savings account _____	_____
Total Checking account _____	_____
Other assets _____ (stocks, retirement plans, bonds, properties, and other investments)	_____
Total credit balance _____	_____
Number of credit card you have _____	_____
Other loan you carry _____	_____
Mortgage you carry _____	_____

C.) Please submit a copy of your last year's Federal Tax Return.

I would like to request a support of \$ _____ (enter total amount for an academic year) from the Financial Aid Committee.

INDIVIDUAL RESPONSIBILITY

Your signature is required designating a clear understanding and consent to abide by the decision or recommendation of the Association Mission Committee.

Signature of Applicant

Date

Please return this application form, all answer sheets, the two sealed recommendation forms and a recent photo to:

**Chairperson of the Association Mission Committee
2617 W. Beverly Blvd.,
Montebello, CA 90640, U.S.A.**