

PENN VIEW
 BIBLE INSTITUTE
Application For Work Scholarship

Office Use Only		
Approval?	Yes	No
Notified?	_____	Date _____
Initials	_____	
Comments	_____	
Other	_____	

Name _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Phone _____

Are you presently living with your parents? ☐ Yes ☐ No

Are you presently employed? ☐ Yes ☐ No ☐ Full Time? ☐ Part Time?

Approximate monthly income _____ How long have you been employed? _____

Assets (Funds) in U.S. \$	Liabilities (Financial Obligations) in U.S. \$
Checking Account Balance \$	Rent \$
Savings Account Balance \$	Room & Board \$
Balance in Other Funds \$	Car Payment \$
\$	Insurance \$
\$	\$

List other sources of income and support other than employment shown above. _____

Include amounts where applicable _____

Will you be receiving financial help from your family? ☐ Yes ☐ No Monthly amount? _____

Please state your need for a work scholarship: be specific and give pertinent details. _____

Amount of work scholarship requested? ☐ 10 hrs/wk ☐ 14 hrs/wk ☐ 18 hrs/wk
 \$1,100 / semester \$1,700 / semester \$2,400 / semester

Do you own a motor vehicle? ☐ Yes ☐ No Make _____ Year _____

If you have ever been employed, either part or full time, list two employers as work references.

If you have had only one, list that one. (Give full name, address, phone, and the type of work you did.)

Employer or Business and Address	Person to contact	Dates (From - To)	Phone	Type of Work

Please list any special skills you have. _____

Do you have health insurance? ☐ Yes ☐ No Company _____
 Accident Insurance? ☐ Yes ☐ No Company _____

All students are required to purchase Student Accident Insurance through the school. Business Office will have more details.

I hereby release the school from liability for any injury that may occur during assigned work.

Signed _____

I hereby give Penn View Bible Institute permission to contact the persons named as references. I affirm that all information given herein is true and complete.

Signed _____ Date _____