

The Roberts Wesleyan College
Partnership Program

Name _____ Phone (____) _____

Home Address _____

City _____ State _____ Zip Code _____

Semester and Year entering Roberts Wesleyan College: Fall Spring 20____

Intended Academic Major _____

Date of Application _____ Student Signature _____

Application Form – To be filled out by church

Church Name _____ Denomination _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

Aid Request Approved Amount of Award _____
 Denied Payment if full by August 24th

Authorized Signature and Title _____ Date _____

When completed, please send this application form to:
Office of Financial Aid
Roberts Wesleyan College
2301 Westside Drive
Rochester NY 14624

Any questions regarding this application, please call 585-594-6150