

Kids in College Assistance Application

Financial assistance is provided on the basis of need in relation to the expense involved. Awards are not automatic and every applicant is expected to provide a portion of the total cost. Assistance funds are subject to availability within the current budget.

Directions:

- Print or write legibly. Use a separate sheet for each applicant.
- All applicants complete the first page
- Answer all applicable questions and sign the application. Incomplete applications will be returned. Call (434) 381-6443 with questions.

Applicant's name:	Age:	Grade:
Parent/Guardian Name:	Phone:	
Address:	E-mail:	
City:	State:	Zip:

FAMILY INFORMATION: *This information will be kept confidential.*

Child lives with <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian/foster care	
How many people are dependent on the family for financial support?	
Total family income (From all sources. Include child support, AFDC, etc.):\$	
Mother's Employer:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
Father's Employer:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time
Number of children in household:	Ages:
Please describe any financial hardship that should be considered (<i>be specific</i>):	

All applications must be signed by the parent/guardian.

I understand that each application is carefully considered, that it may not be possible to receive financial assistance, and that this request is for partial payment.

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____