



FORM DUE FEB. 15, 2008

CONFIDENTIAL APPLICATION FOR VAA CLASS SCHOLARSHIP
REPEAT APPLICANT _____ DATE _____

(NAME OF CLASS FOR WHICH ASSISTANCE IS REQUESTED) _____

CIRCLE ONE: FALL WINTER/SPRING SUMMER

Student Name: _____ Age: _____ Birthdate: _____

Parent Name: _____ Phone: _____

Address: _____

E-mail: _____

Total monthly Household Income: Gross: _____ Net: _____ Total people in household: _____

Source of Income: _____
(ie. job, child support, public assistance, savings etc.)

Number of children in family: _____ Ages: _____

Financial: Savings and Other Assets: _____

Monthly Housing (mortgage or rent): _____

Other significant debts or obligations (optional): _____

Circumstances that effect the family situation at this time: (please use back if you need more space)

I certify that the above information reflects my total income from all sources. I understand scholarship awards are limited to funds available. All information will be kept confidential.

(Signature of Parent or Student over 18) (Date)