

University of Virginia Summer Enrichment Program

⌘ Financial Aid Form ⌘

This is an application for financial assistance if accepted to the program not an application for admission to the Summer Enrichment Program.

The distribution of financial aid for this program will be based solely on need. Anyone at any income level may apply for financial aid, but due to limited funds, financial assistance has often not been available for families earning over \$40,000 per year. The information requested below will be used to help us make judgments about the relative need of accepted students. All information will be considered strictly confidential. Do not wait until notification of acceptance to submit this form. In order to be considered for financial aid, **THIS FORM MUST BE PRINTED**, filled out, signed and postmarked no later than March 1, 2015. Mail this form **AND** a copy of your 2014 W-2 Form(s) to:

**Summer Enrichment Program
University of Virginia
P.O. Box 400264
Charlottesville, VA. 22904-4264**

Child's Name _____ Current Grade level _____

Parent/Guardian Name _____ Profession _____

Parent/Guardian Name _____ Profession _____

Address _____
Street City State Zip

INCOME STATEMENT FOR 2014: Total family income (BEFORE DEDUCTIONS) including welfare payments, wages of all working members, social security, dividends, child support payments, interest, veterans benefits, and all other income for 2014. You must indicate your total yearly income in the space at the right **and attach a COPY of your W-2 form** in order to be considered for financial aid. \$ _____

SAVINGS: \$ _____

NUMBER OF DEPENDENTS (Please use IRS guidelines i.e. children, persons over 65 for whom you are financially responsible not including yourself) _____

EXTRAORDINARY COSTS/CIRCUMSTANCES FOR 2014: YES NO
 On an additional sheet please list and explain any extraordinary costs/circumstances you have occurred.

CHECK ONE:
 It would be impossible for my child to attend without financial aid. We would need \$ _____ in support.
 It would be possible for us to pay full tuition, but it would be a great financial hardship.

STATEMENT OF RESPONSIBILITY: I hereby certify that all of the above information is true and correct to the best of my information and belief. I understand that submitting this form does not guarantee financial aid.

 Signature of Parent/Guardian Date

****Please consider contacting your local school's PTA / PTO, local church organizations, civic or philanthropic groups, local businesses, or private donations for additional financial assistance.*