

# VOENA

## Application for Scholarship Funding

### Deadlines:

Return applicants: 8/31

New applicants: 9/14 & 2/8

All information is strictly confidential and will only be used for qualification of VOENA scholarship.  
Approved scholarship covers base tuition only.

1. Parent/Guardian Information				
Parent/Guardian #1		Parent/Guardian #2		
Last:	First:	Last:	First:	
Day Phone #:		Day Phone #:		
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent		Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent		
Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled		Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Disabled		
2. Household Address Information				
Street Address:		City:	State:	Zip:
Home Phone:		E-Mail Address:		
3. List all Dependents in Household: (do not include parents/guardians)				
Last Name:	First Name:	Birth Date:	Grade:	Applying to VOENA?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please list the public or private school(s) your child or children attend:				
5. Please attach a one page letter describing your case for support				
6. Existing eligibility for the PG&E CARE Program, Free or Reduced School Lunch Program, or Private School Scholarships				
Are you receiving financial assistance from any of the above programs? <input type="checkbox"/> Yes. <input type="checkbox"/> No.				
<b>If you checked yes, please skip to line 17</b> and return this form along with your award letter or other proof of enrollment such as your most recent PG&E bill, or letter from your school. (Your child's school may be called for verification.)				

7. Please list all jobs held by parent/guardian(s) in the past 12 months. (Attach recent 1040)				
Whose Job?		Employer	Current Job?	Annual Gross Income
Parent 1	Parent 2			
Job #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	\$
Job #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	\$
Job #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	\$

8. List all business, corporation, partnerships and miscellaneous income in the past 12 months.				
	Business Name	Operating?	Percent Owned	Annual Net Profit
Business #1				
Business #2				

9. Other Monthly Income			
(1) Welfare Income:	(2) Food Stamps:	(3) Social Security:	(4) Child Support:
\$	\$	\$	\$
(5) Alimony:	(6) Misc Income 1:	(7) Misc Income 2:	
\$	\$	\$	

10. Other Yearly Income			
Annual Interest and Dividends:	Workers Comp:	Unemployment:	Misc Income:
\$	\$	\$	\$

11. Monthly Rent or Mortgage Expense	
Monthly rent or mortgage payment:	Monthly renters or homeowners insurance:
\$	\$
Home purchase price:	Amount owed on Mortgage:
\$	\$

12. Assets & Expenses - Automobiles			
Number of Vehicles:	Total Value:	Total Debt:	Annual Insurance:
	\$	\$	\$

13. Alimony and Child Support Payments			
# Children Supported:	Child Support Paid yearly:	Estimated Payments Next year:	Alimony paid to others Annually:
	\$	\$	\$

14. Day Care and/or Elderly Care Expenses			
Dependent Name:	Age:	Payments this year:	Estimated next year:
		\$	\$
		\$	\$
		\$	\$

15. Medical Expenses			
	Medical Paid this year(out of pocket):	Current Medical Debt:	Annual Medical Insurance premium:
Medical/Dental:	\$	\$	\$

16. Miscellaneous Debt			
(1) Credit Card:	(2) Bank Loans:	(3) Loan Companies:	(4) Personal Loans:
\$	\$	\$	\$
(5) Education-Child:	(6) Education-Parent:	(7) Other Debt:	
\$	\$	\$	

**17. Statement and Signature**

*I declare that the information on this form is, to the best of my knowledge, correct and complete. I authorize the transmittal of the information on this form to VOENA, to which my child/children are applying for scholarship assistance. I agree, if requested, to send additional information to support statements on this form. **I have attached a letter stating the case for support**, and if requested, a copy of our most recent 1040 form.*

_____ Parent/Guardian Signature #1	_____ Parent/Guardian Signature #2	_____ Date
_____ Printed	_____ Printed	_____ Date

VOENA INTERNAL NOTES ONLY: