

# Renewanation Virginia Scholarship Foundation Application Form 2018-2019

**(Please keep this form on file at the school.)**

**Student/Family Information:**

Parent/Guardian's Name: \_\_\_\_\_  
First Name
Middle Initial
Last Name

Parent/Guardian's Name: \_\_\_\_\_  
First Name
Middle Initial
Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Name of Public School District in which your family resides:** \_\_\_\_\_

**Please list all children applying for RAN scholarship. Only children entering grades K-12 are eligible.**

	Child 1	Child 2	Child 3	Child 4
<i>Name</i>				
<i>Date of Birth</i>				
<i>Gender</i>				
<i>Relation to Guardian</i>				
<i>School attended last year</i>				
<i>Grade Level last year</i>				

Please put a check to the left of each statement that is true. **An affirmative answer to all the following questions is required for scholarship eligibility.**

\_\_\_\_\_ I am a Virginia resident.

\_\_\_\_\_ I certify that the above student(s) is entering grades K-12 in the Fall/Spring (Circle one).

\_\_\_\_\_ I certify that our family qualifies for the RAN scholarship program according to the income guidelines.

\_\_\_\_\_ I agree that my child(ren) may participate in testing to measure learning achievement and results will be reported to The RAN Virginia Scholarship Foundation.

\_\_\_\_\_ I promise to ensure at least 90% attendance of my child(ren) or risk the loss of their scholarship.

\_\_\_\_\_ I promise to pay my child's school account in a timely and responsible manner. I understand that failure to stay current with payments will result in loss of the Renewanation scholarship funds.

**Is this a first time application?** \_\_\_ Yes \_\_\_ No    **Reapplication: Year** \_\_\_\_\_

**Financial Information:**

All parents and/or guardians who claim scholarship recipients as dependents must report income on the form with supporting documentation.

Head of Household Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Number of people in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

INCOME SOURCE	FATHER	MOTHER	OTHER	
Adjusted Gross Income reported on current 1040*				<b>Total Household Income (Sum of Row)</b>
AFDC or ADC				
Other Public Assistance				
Any Other Additional Income				
Total Individual Income (Sum of each column)				

**To verify income, please attach to this application copies of your 2017 Form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Service at 1-800-829-1040.**

\_\_\_\_\_

By signing below, I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true, and I acknowledge that failure to do so will invalidate any possible scholarship. I further understand that all the above conditions must be met by my child/family to be eligible for a Virginia Scholarship Foundation award and I agree to release RENEWANTION from any liability in its efforts to provide this scholarship.

\_\_\_\_\_  
*Printed Name of Parent or Guardian*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent or Guardian*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

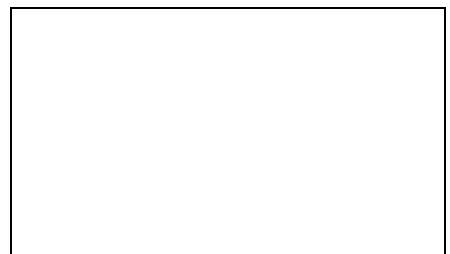
**COMPLETE THIS SECTION ONLY IF YOU DO NOT FILE A 1040:**  
(Parents/guardians using a notary must also provide supporting financial information).

I certify that this applicant has provided me or this notary service with adequate proof of income and that to my knowledge the financial information provided on this form is true and complete.

**Space for Notary Stamp**

\_\_\_\_\_  
*Notary Signature*

\_\_\_\_\_  
*Date*



\_\_\_\_\_  
*Notary Name Printed*