

YEAR 2017-18

THE LINCOLN-LANE FOUNDATION

207 GRANBY STREET, SUITE 302

NORFOLK, VA 23510

lincolnlane1@gmail.com

www.lincolnlanefoundation.org

TELEPHONE (757) 622-2557

FAX (757) 623-2698

APPLICATION FOR FINANCIAL ASSISTANCE

STUDENT INFORMATION

Name: _____ Social Security # _____
(last) (first) (middle)

Date and Place of Birth: _____ Marital Status: _____

Home Address: _____ Years at this address: _____
(number and street)

(city) (state) (zip) Telephone: (____) _____
Cell: (____) _____

Email Address : _____

School Attending: _____ US Citizen _____

Address during school year, if different from home address:

(number and street) (city) (state) (zip) Telephone: (____) _____

Email Address During School Year: _____

Name(s) and dates of high school and/or college(s)/graduate school(s) attended:
(Include present enrollment):

Please list your extracurricular activities: _____

Please list the schools to which you are applying: _____

What is your proposed field of study? (The concentration area in which you expect to receive a degree)

Expected date of college graduation: _____

FAMILY INFORMATION

Father or Legal Guardian: _____ Deceased? _____

Address: _____

Annual Income (from Parents' Financial Statement Section) _____

Employer: _____ Position: _____

Home Telephone (____) _____ Work Telephone (____) _____ Cell _____

Mother: _____ Deceased? _____

Address: _____

Annual Income (from Parents' Financial Statement Section) _____

Employer: _____ Position: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ Cell _____

Names and ages of brothers and sisters _____

Indicate which, if any, are currently enrolled in full time study in college or graduate school and give the name of the school(s.) _____

STUDENT FINANCIAL INFORMATION

Are you employed? ___ Employer: _____ Position: _____

Annual Income: _____ All other income: _____

If married, is spouse employed? ___ Employer: _____ Position: _____

Annual Income: _____ All other income: _____

Do you own a car? _____ Year and make: _____ Balance owed: _____

Are you eligible for any educational or other type of government benefits? _____

Please specify: _____ Amount: _____ (monthly)

Have you received, or are you applying for, any other scholarship or financial assistance from other sources? (Include government, college and private sources): _____

Please tell us how you heard of Lincoln-Lane Foundation:

Guidance counselor _____
Name

Access Advisor _____ Website _____ Other _____
Name

FOR THE SCHOOL YOU PLAN TO ATTEND

Estimated Expenses: (List your estimated expense for regular academic session (9 months). Do not include summer school expenses)

Tuition	\$ _____		
Room and board	\$ _____	On ___	Off ___ Campus
Fees	\$ _____		
Books	\$ _____		
Miscellaneous expenses	\$ _____		
TOTAL	\$ _____		

Estimated Resources: (Give amount you expect to receive from the following sources for the academic year (9 months). Do not include summer school.)

Parents	\$ _____
Relatives	\$ _____
Your savings	\$ _____
Summer/holiday earnings	\$ _____
All other (including scholarships)	\$ _____
TOTAL	\$ _____

For financial purposes, are you considered an independent student? _____

If so, please answer the Financial information questions below based on your own income and assets rather than those of your parents.

PARENTS' FINANCIAL STATEMENT

Please circle custodial parent If custodial parent has remarried, please include information on stepparent	Father	Mother	Stepparent
Wages (line 7, Form 1040)	_____	_____	_____
Taxable Interest (line 8a, Form 1040)	_____	_____	_____
Tax Exempt Interest (line 8b, Form 1040)	_____	_____	_____
Dividends (line 9, Form 1040)	_____	_____	_____
Alimony (line 11 Form 1040) or Child Support received	_____	_____	_____
Business income (line 12, Form 1040)	_____	_____	_____
Unemployment compensation (line 19, Form 1040)	_____	_____	_____
Social Security benefits (line 20a, Form 1040)	_____	_____	_____
ALL other income-pensions, rental income, etc (specify)	_____	_____	_____
TOTAL INCOME	_____	_____	_____

List amounts of any loan(s) related to college costs already incurred: _____

Monthly mortgage or rental expense _____ Own: _____ Rent: _____

If own, approximate value _____ Balance of mortgage: _____

Please list any other information that you feel we should know about your/parents financial situation or obligations: _____

PLEASE READ THE FOLLOWING VERY CAREFULLY

To be eligible for consideration for a scholarship grant from The Lincoln-Lane Foundation, each applicant must follow this procedure:

1. Submit a completed Application for Financial Assistance. Please sign and date the application. Application **MUST** be postmarked by November 15, 2016.
2. Submit two (2) letters of recommendation.
3. Submit a small photograph taken within the past twelve months.
4. Submit an essay in your own handwriting on the following topic: “**Describe a situation that allowed you to display your character in a positive way or an incident you wish you had handled differently.**” (Do not write on back of paper.)
5. Submit a copy of parent(s)’ prior year 1040 federal tax return with schedules and student’s prior year tax return if applicable.
6. Request that an official transcript of your scholastic record, **with SAT/ACT scores**, be mailed to the Foundation.
7. A personal interview with at least two Directors of the Foundation **may** be required. An appointment **may** be scheduled when all required documents have been received and reviewed.
8. Notify the Foundation of the date you were officially accepted at the college or university of your choice.
9. If you file a FAFSA form, a copy of the Student Aid Report (SAR) must be sent to the Foundation when available.
10. The Applicant will be notified by letter of the final decision of the Board of Directors as soon as possible after April 10.

By my signature affixed below, I agree to notify The Lincoln-Lane Foundation of the amounts of all other financial assistance received from other sources, including loans, scholarships, work-study programs, grants, assistantships and fellowships. I further agree to notify the Foundation **immediately** if I cease to be a **full-time student** in good standing or withdraw from the college or university before the end of a regular semester or quarter. I further understand that it is my responsibility to have my official college transcript mailed to the Foundation by my registrar at the end of **each** grading period.

Date

Signature of applicant

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENT APPLICANTS

“The Lincoln-Lane Foundation accepts applications from students of any race, color, national or ethnic origin. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational scholarship funds. The Foundation adheres to and complies fully with the provisions of The Civil Rights Act.”