

**YEAR 2019-20**

**THE LINCOLN-LANE FOUNDATION**

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**RENEWAL - APPLICATION FOR FINANCIAL ASSISTANCE**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(last) (first) (middle)

Home Address: \_\_\_\_\_ Years at this address: \_\_\_\_\_  
(number and street)  
\_\_\_\_\_  
(city) (state) (zip) Telephone: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_

Email Address : \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address during school year, if different from home address:

\_\_\_\_\_  
(number and street) (city) (state) (zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address during school year: \_\_\_\_\_

School Attending: \_\_\_\_\_

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

\_\_\_\_\_ Expected date of college graduation: \_\_\_\_\_

**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)

For financial purposes, are you considered an independent student? \_\_\_\_\_

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

**FAMILY INFORMATION**

Father or Legal Guardian: \_\_\_\_\_ Deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Annual Income(from Financial Section) \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell No (\_\_\_\_) \_\_\_\_\_

Mother: \_\_\_\_\_ Deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Annual Income(from Financial Section) \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell No (\_\_\_\_) \_\_\_\_\_

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).) \_\_\_\_\_

**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)	_____	_____	_____
IRA Distributions (line 15a Form 1040)	_____	_____	_____
Pensions and annuities (line 16a Form 1040) (taxable & non-taxable)	_____	_____	_____
Rental Income (line 17 Form 1040)	_____	_____	_____
Unemployment compensation (line 19, Form 1040)	_____	_____	_____
Social Security benefits (line 20a, Form 1040)	_____	_____	_____
Disability payments	_____	_____	_____
Other income (specify) _____	_____	_____	_____
<b>TOTAL INCOME</b>	_____	_____	_____

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: \_\_\_\_\_

**FOR THE SCHOOL YOU ARE ATTENDING**

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	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	

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)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**SCHOLARSHIPS, GRANTS AND LOANS**

Please list the scholarships, grants and loans that you have received or will be receiving in the 2018-19 academic year:

	Amount	Renewable for 2019-20 (yes or no)
Pell Grant	_____	_____
SEOG	_____	_____
VA Guaranteed Assistance	_____	_____
CSAP	_____	_____
Virginia Transfer Grant	_____	_____
Lincoln-Lane Foundation	_____	_____
Perkins Loan	_____	_____
Ford Direct Loan	_____	_____
VA Tuition Assist Grant (private school)	_____	_____
Other Name	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
<b>TOTAL</b>	<b>\$ _____</b>	

**PLEASE READ THE FOLLOWING VERY CAREFULLY**

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

1. You must submit a completed Renewal Application for Financial Assistance. Please date and sign the application. Application MUST be postmarked by November 1, 2018. Please do not send by certified mail or special delivery . Please do not hand-deliver to our office. If November 1 falls on a weekend, it is the student's responsibility to have the application postmarked prior to November 1.
2. You must be a full time student taking at least 12 academic credit hours per semester and maintaining a 2.5 GPA each semester. Please note that a student whose GPA is less than 2.5 for two semesters or who takes less than 12 academic credit hours per semester for two semesters will have his/her scholarship rescinded. A student whose GPA falls below 3.0 may have his/her scholarship award amount reduced.
3. A copy of the parent(s)' prior year income tax return is required and a copy of the student's prior year tax return, if applicable.
4. A copy of Student Aid Report (SAR) and your college award letter are required as soon as available.

By my signature affixed below, I certify that I am receiving no other scholarships, grants or loans during the 2018-19 academic year other than those listed on page three.

In addition, I agree to notify The Lincoln-Lane Foundation of any changes to the aforementioned list, including work-study programs, 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 understand that it is my responsibility to have my official transcript mailed to the Foundation by my registrar at the end of each grading period. Failure to do so may jeopardize future awards.

\_\_\_\_\_  
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"*