

YEAR 2020-21

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

RENEWAL - APPLICATION FOR FINANCIAL ASSISTANCE

STUDENT INFORMATION

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

Home Address: (number and street) (city) (state) (zip) Years at this address: 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	_____	_____	_____
-------	-------	-------	-------

Taxable Interest	_____	_____	_____
------------------	-------	-------	-------

Tax Exempt Interest	_____	_____	_____
---------------------	-------	-------	-------

Dividends	_____	_____	_____
-----------	-------	-------	-------

Alimony or Child Support received	_____	_____	_____
-----------------------------------	-------	-------	-------

Business income / Rental income	_____	_____	_____
---------------------------------	-------	-------	-------

Unemployment compensation	_____	_____	_____
---------------------------	-------	-------	-------

Social Security / Pension benefits	_____	_____	_____
------------------------------------	-------	-------	-------

ALL other income (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/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	\$ _____	
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	\$ _____

SCHOLARSHIPS, GRANTS AND LOANS

Please list the scholarships, grants and loans that you have received or will be receiving in the 2019-20 academic year:

	Amount	Renewable for <u>2020-21</u> (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	_____	_____
TOTAL	\$ _____	

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 sign and date the application. Application MUST be postmarked by November 1, 2019. Please do not send by certified mail or special delivery. Please do not hand-deliver to our office. If November 1st falls on a weekend, it is the student's responsibility to have the application postmarked prior to November 1st.
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 Federal and State income tax returns and all Schedules that pertain to their returns are required and a copy of the student's prior year income tax return, if applicable.
4. A copy of your FAFSA Student Aid Report (SAR) for the 2020-21 academic year and your college award letter are required when available.

By my signature affixed below, I certify that I am receiving no other scholarships, grants or loans during the 2019-20 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 provided to the Foundation by my registrar at the end of each grading period. Failure to do so may jeopardize future awards.

I agree to not use certified or registered mail when sending documents to the foundation.

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."