Virginia State Police Association Scholarship Fund, Inc. 6942 Forest Hill Avenue, Richmond, Virginia 23225 Fax: 804.320.2616 2024 APPLICATION FOR FINANCIAL ASSISTANCE

#### PERSONAL INFORMATION

| Name                                   |                       |              | Social Security No.          |                      |        |
|--|-----------------------|--------------|------------------------------|----------------------|--------|
| (Last)                                 | (First)               | (Middle)     | ·                            |                      |        |
| Address                                |                       |              |                              |                      |        |
| (Street or P.O. Box)                   | (City)                |              | (State)                      | (Zip)                |        |
| Telephone ()                           |                       | -            | Birth Date\                  | \                    |        |
| Students E-Mail Address: _             |                       |              |                              |                      |        |
| Parent(s) E-Mail Address:              |                       |              |                              |                      |        |
| •                                      | Co                    | LLEGE INFORM | IATION                       | •                    | 1      |
| Class Year – Fall, 2024 (ci:           | rcle) 1 2 3 4         |              |                              |                      |        |
| Name and address of colle<br>enrolled: |                       |              | -                            |                      | rently |
| Major Course of study                  |                       |              |                              |                      |        |
| Current grade point averag             | e                     | (If High S   | chool Senior, List <u>Fi</u> | <u>nal</u> GPA)      |        |
| •                                      | STU                   | DENT CERTIF  | ICATION                      |                      |        |
| I am a dependent child of a            | <i>member</i> or of a | deceased me  | mber of the Virginia S       | State Police Associa | tion.  |
| The name of the VSPA mem               | ber is:               |              |                              |                      |        |
|  |                       | (Dad or Mom) |                              |                      |        |

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### FINANCIAL AID INFORMATION

PARENTS' INFORMATION

| Parent(s) contributing to student's education for 2024 school year \$   |                 |                   |  |  |  |
|---|-----------------|-------------------|--|--|--|
| Parent(s) or Legal Guardian name:   |                 |                   |  |  |  |
| Relationship:   | Relationship:   |                   |  |  |  |
| Name:   | Name:           |                   |  |  |  |
| Occupation:   | Occupation:     |                   |  |  |  |
| Work Telephone:   | Work Telephone: |                   |  |  |  |
| If the applicant expects to receive financial assistance from any other source this academic year, please list the source and the amount below. Please circle whether the expected amount is a loan or a grant. If the applicant is <i>not</i> expecting to receive any assistance, please answer with "N/A". |                 |                   |  |  |  |
| Source  | Amount          | _ (Loan or Grant) |  |  |  |
| Source  | Amount          | _ (Loan or Grant) |  |  |  |
| Source  | Amount          | _ (Loan or Grant) |  |  |  |
| Source  | Amount          | _ (Loan or Grant) |  |  |  |

#### WRITTEN EXPLANATION OF NEED & GOALS

In the applicants own handwriting please explain why you need a scholarship and detail any academic/career goals.

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Please use additional paper if necessary

HOUSEHOLD INFORMATION

List Family Members living in Household:

Name of family members

Year Purchased: \_\_\_\_\_

Currently in School (Y or N) If yes, what grade?

| •  |  |  |  |  |
|--|--|--|--|--|
| Annual Total Household Income (gross income): \$ |  |  |  |  |
| Annual Total Household Expenses: \$              |  |  |  |  |
|  |  |  |  |  |
| <u>Parents Assets</u> :                          |  |  |  |  |
| Cash, savings, and checking accounts; \$         |  |  |  |  |
| Parents' monthly mortgage or rental payment: \$  |  |  |  |  |
| If own home, provide please:                     |  |  |  |  |

Today Asset value of Home: \$\_\_\_\_\_ Amount owed: \$\_\_\_\_\_

For special circumstances please provide a separate sheet with this application.

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# SIGNATURES REQUIRED

| Student  | Date:   |  |  |  |
|--|---|--|--|--|
| Student's Father:  | Date:   |  |  |  |
| Student's Mother:  | Date:   |  |  |  |
| •  | •   |  |  |  |
| <u>APPLICATION SUBI</u>  | MISSION                                       |  |  |  |
| This form must be returned to the VSPA office no application is not filled out completely and the trans disqualified.  |   |  |  |  |
| I hereby acknowledge that the information given in this application is true and correct and I also acknowledge that should I leave any questions unanswered my application will be disqualified. |   |  |  |  |
| Signature of applicant   | _ Date  |  |  |  |
| <u>TRANSCRIPTS</u>   |   |  |  |  |
| A complete transcript of classes from the most recent<br>directly from the applicant's school to the VSPA office<br>received at the VSPA office by Friday, July 12, 2024, th                     | If the applicant's official transcript is not |  |  |  |
| •  | •   |  |  |  |
| All applications for scholarships must be received via ma  | il, hand delivery, or PDF (vspa@vspa.org) by  |  |  |  |
| the VSPA Office by 4:00 p.m. on June 14, 2024.   |   |  |  |  |

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Completed applications and attachments should be mailed to the VSPA office and addressed as follow: VSPA; Children's Scholarship: 6942 Forest Hill Avenue; Richmond, VA 23225 OR e-mailed via PDF to <u>vspa@vspa.org</u>. Incomplete applications will not be considered for scholarship awards.

Thank you for applying, and Good Luck! If you have any questions, please contact the VSPA at (804) 320.6272 or e-mail questions to vspa@vspa.org.

## \*\*\*\*\*<u>Mark your Calendar</u> \*\*\*\*\*

Important dates you need to know!

<u>Friday, June 14, 2024</u> – Completed application is due back to VSPA by close of business. Please order your official transcript from your school asap.

<u>Friday, July 12, 2024</u> – <u>"Official" Transcripts from the school</u> are due to VSPA for processing by close of business.

<u>Friday, August 16, 2024</u> – The VSPA will make every effort to mail checks to scholarship recipients by this date.

<u>Friday, February 7, 2025</u> – A copy of your Fall transcript is due to the VSPA. (This transcript can be an unofficial transcript). You may send grades by fax or e-mail to <u>vspa@vspa.org</u>.