



Lifelong Learning Institute

Sponsored by:

The Virginia Center on Aging at Virginia Commonwealth University,
Chesterfield County Public Schools and Chesterfield County

Scholarship Application

Welcome to the Lifelong Learning Institute (LLI)! We are glad to have your interest and hope you enjoy being a part of this educational, fitness and social activities group.

Because we are a nonprofit organization and want to provide opportunities for education to all adults 50 and above, we have reserved funds for scholarship purposes. The scholarship covers one term of classes, and you are responsible for paying a \$10 membership fee to be submitted with the application each year. The recipient may apply for an additional term of classes after completing the current term. Scholarship applications are due December 1st for Spring, April 1st for Summer and August 1st for Fall. Membership at LLI entitles you to attend all classes and social events during the term.

The information collected on this application is confidential. The scholarship committee, comprised of members of the Board of Directors, will determine the recipients of the scholarship fund. A letter from the Executive Director will confirm the scholarship.

We look forward to your participation in the Lifelong Learning Institute!

Name: _____

Address: _____

Phone: _____ Email: _____

How did you hear about LLI? _____

Reason for Scholarship Application:

_____ Low-Income _____ Excessive Health Expenses _____ Personal Hardship

Please complete the application on the reverse side of this form. You may provide any pertinent additional information in Part 2 of the form.

Lifelong Learning Institute, P. O. Box 1090, Midlothian, VA 23113

Phone: (804) 378-2527, Email: info@llichesterfield.org

Denied: <input type="checkbox"/> Income over allowed limit <input type="checkbox"/> Incomplete / missing information	Approved: <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Payment Plan <input type="checkbox"/> Partial Scholarship	Application #: _____
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Part 1: All applicants must complete income information. Income includes ALL household members. You must indicate if there is no income.

On Payday, how much money did each person earn before taxes and deductions?
 How often did each person get paid last month?
 (W) = Weekly (2W) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly

		Please list amounts before taxes and deductions.		
		Employment	Pensions, Retirement, SS	All Other Income
Names of all ADULT Household Members	Check if No Income	\$ Amount / How Often	\$ Amount / How Often	\$ Amount / How Often
1.	<input type="checkbox"/>	\$ /	\$ /	\$ /
2.	<input type="checkbox"/>	\$ /	\$ /	\$ /
3.	<input type="checkbox"/>	\$ /	\$ /	\$ /
4.	<input type="checkbox"/>	\$ /	\$ /	\$ /
5.	<input type="checkbox"/>	\$ /	\$ /	\$ /

Part 2: Additional Information (i.e. Excessive Medical Expense)

Part 3: SIGNATURE: I certify that all of the above information is true and correct.

Signature: _____ **Printed Name:** _____ **Date:** _____