

Dear Applicant and Family:

Thank you for your interest in VISIONS. In order to assess your eligibility for financial aid, please complete the application and submit the last two years' Federal tax returns, 1040 Forms and all schedules. Parent/guardian should submit one set of tax returns if filed jointly, or, if filed separately, copies of each person's return. Families may wish to provide additional financial information in the form of a cover letter. *If you are seeking \$700 or less, you do not need to submit the recommendation letters.*

Approximately 15% of VISIONS participants receive aid. Very rarely are we able to provide more than half the tuition. We determine eligibility based on need, chronology of application, amount needed, age and availability on programs. Airfare, passport, and discretionary spending money are the responsibility of the participant.

In addition to your application to VISIONS, we urge you to look to your local community for support.

Where to look...

Start networking. Try targeting organizations with similar missions or philosophies. The Lions Club, Ambassadors Scholarship Foundation, Rotary, Jaycees, Junior League, Daughters of the American Revolution, church groups, even your school might be willing to lend a hand. Talk to your principal or guidance counselor, minister or rabbi, teachers, family friends. All communities are different and often there is assistance through a local organization for community service initiatives. Start with people you know who might be involved in such organizations.

What to say...

Before you meet with a potential donor, familiarize yourself with the mission of their organization. How does it relate to VISIONS' or to own your quest? Write a letter stating your goal and how much assistance you need. Be prepared to describe VISIONS by reading our website, and perhaps printing some of the pages. In your letter, emphasize that the focus of your summer experience will be community service in a cross-cultural setting. Say why you want to do a VISIONS program, how you think you will benefit, and, through you, how your participation might benefit your community.

Some students have been creative about finding assistance and thanking sponsors. One student gained support from a group of Dominican graduate students who contributed to her tuition for the Dominican Republic program. When she returned home, she hosted an afternoon tea and slide show to thank her contributors. Other students have earned part of their tuition through jobs, bake sales, fundraisers.

Seeking assistance can be intimidating at first, but ultimately holds promise!

How to apply:

- Mail the scholarship application to our office. Recommendations from references may be sent separately.
- If you are planning on attending a program regardless of financial aid, submit the program application and deposit payment through our website in order to hold a space on the program of your choice. Paying the deposit will not reduce your chances of receiving aid.
- If you cannot attend without receiving financial aid, do not submit the deposit. If you are chosen for aid, you will be instructed on required payments. Keep in mind that without a deposit, we cannot guarantee space in the program.
- We attempt to make decisions as completed applications are received. Planning for a program can take time, so submit your application as soon as you're able. For larger scholarship requests, decisions usually are not made before mid-April.

VISIONS Service Adventures ~ Scholarship Application (fillable-form)

Part 1: Participant's Information

Complete Name: _____

Birth Date: _____ Gender: _____ Grade: _____

School You Attend: _____

Student Lives With (name of parent/s or guardian/s): _____

Home Address: _____

Phone/s: _____ Email: _____

Health Information: In order to properly prepare for a student's participation, VISIONS requires full disclosure of health and medical information. VISIONS strives to be in compliance with the Americans with Disabilities Act (ADA). In order to do so it is necessary that we be informed of all past or present medical, emotional or behavioral issues so that we may make reasonable accommodations as necessary.

Chronic or recurring illness or medical conditions _____

Other diseases _____

Current or recently discontinued medications and purpose _____

Has applicant been or is applicant now in any kind of therapy (social worker, psychologist, psychotherapist, psychiatrist or other kind of treatment) for any reason? _____

Additional health or well-being information of which we should be aware: _____

Parent 1 Name: _____

Home Address: _____

Phone/s: _____ Email: _____

Occupation: _____

Parent 2 Name: _____

Home Address: _____

Phone/s: _____ Email: _____

Occupation: _____

Amount Needed to Participate: Provide an estimated range of scholarship amount that would be needed in order to attend a program. If no more than \$700, note that you do not need to submit the recommendation forms. _____

Program/s You Wish to Attend: Please tell us in order of first, second and third choice the program/s you would like to attend. If you are open to more locations, let us know. We have limited spaces available on each program, so flexibility can be beneficial to receiving a scholarship. _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____

Date: _____

Part 2: Recommendations

A. Name of the person who will complete Recommendation Form A (a teacher or counselor):

Name: _____

Address: _____

B. Name of the person who will complete Recommendation Form B (someone who knows you well):

Name: _____

Address: _____

Part 3: Self-Assessment

Answer the following question, using the back of this sheet if you like:
Describe one event in your life that has influenced you significantly. Please tell us why.

Financial Information ~ Adults Living in Household of Child

Note that, in addition to the information below, you may include a descriptive letter if you'd like.

Printed Name _____ Relation to Child _____

Printed Name _____ Relation to Child _____

Enclose copies of the past two years' completed IRS Form 1040 or 1040A with attachments.

| | <u>Prior Year</u> | <u>2 Yrs Prior</u> |
|---|-------------------|--------------------|
| 1. TOTAL TAXABLE HOUSEHOLD INCOME BEFORE DEDUCTIONS: | | |
| A. Total salaries and wages | \$ | \$ |
| B. Dividend and/or interest income | \$ | \$ |
| C. Net profit/loss from business and/or farm | \$ | \$ |
| D. Other taxable income. If loss, use parentheses | \$ | \$ |
| 2. Untaxed portion of payments to IRA, if any | \$ | \$ |
| 3. Other IRS allowable adjustments to taxable income | \$ | \$ |
| 4. TOTAL NONTAXABLE INCOME: | | |
| A. Child support received | \$ | \$ |
| B. Social Security Benefits | \$ | \$ |
| C. Other taxable income | \$ | \$ |
| 5. IRS total itemized deductions | \$ | \$ |
| 6. Total federal income tax paid | \$ | \$ |
| 7. Self-employment tax paid | \$ | \$ |
| 8. Total state and other taxes paid | \$ | \$ |
| 9. Total medical / dental expenses not covered by insurance | \$ | \$ |
| 10. Unusual expenses | \$ | \$ |
| 11. Does the adult/s the child lives with rent home? _____ | | Own home? _____ |

Certification and Authorization

I declare that the information on this form, to the best of my knowledge and belief, is true, correct and complete. I authorize use of this form. If asked, I agree to verify information reported on this form. I will provide an official Photostat of U.S. federal income tax returns for the most recent past two years.

Signature of adult living in household

Date

