



Sister Cities Lawrence: Student Financial Aid Application

Parent or guardian must provide the following information. Application for financial aid will not be processed unless all information requested is provided. **Please print.**

Circle Program: Eutin Hiratsuka Iniades Program Fee: \$ _____ Travel year _____

Your Name: _____ Student's Name: _____
(adult parent/guardian completing this application)

Address: _____
 (street) (city) (state) (ZIP)

Telephone: _____ E-Mail: _____

List the names of all persons living in your household, including yourself, with ages:

Yearly Household Income: You are on your honor to provide complete information!

Please report the total amounts for the full year prior to travel, Jan. 1 – Dec. 31, _____ (year).

- Your income: \$ _____
- Spouse's Income: \$ _____
- Disability Income: \$ _____
- Social Security Income: \$ _____
- SRS Assistance: \$ _____
- Food Stamps: \$ _____
- Other Income: \$ _____

TOTAL YEARLY HOUSEHOLD INCOME: \$ _____

Source of other income: _____

Are any members of your household receiving reduced/free lunches at school? _____

Amount of program cost family is able to pay: \$ _____

Will the student earn money to help cover program costs? _____

Amount anticipated to be covered by student earnings: \$ _____

Total amount of scholarship assistance requested: \$ _____

Please list the reasons for applying for financial assistance. Provide details concerning any financial hardship that the family has experienced during the past 12 months or anticipates during the next twelve months.

Signature (parent/guardian): _____ Date: _____

Complete this form and send to: **Sister Cities Lawrence, Attn: Bill Keel**
c/o Watkins Community Museum
1047 Massachusetts St
Lawrence, KS 66044

The Sister Cities Lawrence Financial Aid Committee will review your application and determine what amount may be awarded based on (1) its assessment of your family's financial need, (2) the total amount of financial aid requested by all applicants at this time, and (3) the total amount of Sister City financial aid funds available for disbursement during this year. An individual student may only receive one financial aid award for a Sister Cities Lawrence exchange trip per lifetime.

For Sister Cities Lawrence Use Only

Amount awarded: \$ _____ Date: _____

Signature of Financial Aid Committee Chair: _____