

**Lawrence Sister Cities Advisory Board
Scholarship Application: Eutin/Hiratsuka Student Exchanges 2018**

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

Program: _____ Eutin _____ Hiratsuka **Program Fee:** _____

Student's Name: _____

Your 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 amount, January 1 through December 31, 2017, for each item:

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: _____

The Lawrence Sister Cities Scholarship 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 scholarship funds available for disbursement during this year. Only one scholarship may be awarded to an individual student per lifetime.

For Sister Cities Advisory Board Use Only

Amount awarded: \$ _____ Date: _____

Signature of Scholarship Committee Chair: _____