



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 in Chesterfield (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 year of classes. At the end of your scholarship year, you may apply for another scholarship. The scholarship administrative fee of \$10 is due once per year. Membership at LLI entitles you to attend all classes and social events during the year. Course fees are not covered by the scholarship.

The information collected on this application is confidential. 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 in Chesterfield
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:** _____