

Lexington – Deauville Student Exchange
C. Richard Doyle Scholarship Application

Please complete entire form if applying for financial aid. Be as specific as possible.

Student's Name _____ Age _____ Sex _____

Parent's Names _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Our family income is:

A. _____ under \$50,000 annually

B. _____ \$50,000 to \$75,000

C. _____ \$75,000 to \$100,000

D. _____ \$100,000 or more

How many people are financially supported in the household? _____

Are there any particular circumstances, which we should know of in considering your application for financial assistance? If yes, please elaborate.

I certify that to the best of my knowledge the information provided on this Financial Need Form is true. I am prepared to document this information if requested, and I understand that this documentation may include copies of relevant United States and State income tax returns.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____