

5. DO ANY NON-FAMILY MEMBERS LIVE IN THE HOUSEHOLD? _____
IF SO, HOW MUCH DO THEY CONTRIBUTE TOWARD EXPENSES? _____.
6. DO YOU OWN _____ OR RENT _____? MONTHLY RENT OR PAYMENT _____.
7. DOES YOUR CHILD QUALIFY FOR THE FREE/REDUCED LUNCH PROGRAM? _____. CASE# _____.
8. MY CHILD DOES NOT QUALIFY FOR THE FREE/REDUCED LUNCH PROGRAM, HOWEVER, PLEASE CONSIDER EXTENUATING CIRCUMSTANCES. ATTACH A SEPARATE SHEET DETAILING THESE ITEMS FOR CONSIDERATION _____.
9. HOW MUCH ARE YOU WILLING / ABLE TO CONTRIBUTE TOWARD YOUR SON'S/DAUGHTER'S EXPENSES ASSOCIATED WITH THE EXCHANGE? _____.

INITIAL:

_____ I UNDERSTAND THAT IF MY CHILD IS SELECTED AND IS APPLYING FOR FINANCIAL AID, I MAY BE REQUIRED TO FURNISH SUBSTANTIATING INFORMATION.

_____ IF MY CHILD RECEIVES FINANCIAL AID AND DOES NOT TRAVEL WITH THE GROUP FOR ANY REASON, I/WE WILL BE RESPONSIBLE FOR REIMBURSING ANY FUNDS WHICH HAVE BEEN ADVANCED ON MY CHILD'S BEHALF FOR AIRLINE TICKETS, ETC.

_____ I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ALL INCOME ARE INCLUDED.

SIGNATURE OF PARENT OR GUARDIAN

DATE

INFORMATION IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL. ONLY MEMBERS OF THE FINANCIAL AID COMMITTEE WILL HAVE ACCESS TO THIS INFORMATION.

RETURN APPLICATION TO:

Financial Aid Committee
Longmont Sister Cities Association
P.O. Box 2216
Longmont, CO 80502-2216