



Mailing Address
 Voyagers, Inc.
 51 Middlesex St., Suite 105
 North Chelmsford, MA 01863
 978-656-8192

Scholarship Application

Please fill out this form completely and include all necessary documentation. Incomplete applications will not be processed. See the checklist at the end of this form to ensure that all steps have been followed. The application and materials must be delivered, by hand or by mail, to Voyagers by the deadline in the email sent out to all members. Please put "Attn: Scholarships" on the envelope. All information provided is confidential.

I. Family Information

Parent/Guardian #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Parent/Guardian #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Parents are: Together _____ Separated _____ Divorced _____ Single _____

II. Financial Information

PLEASE ATTACH A COPY OF FORM 1040 FROM YOUR MOST RECENT TAX RETURN.

1. Please list all gross annual income sources:

Parent/Guardian #1 \$ _____ Parent/Guardian #2 \$ _____ Other \$ _____

2. Number of people supported by this income: Adults _____ Children _____

3. What monthly expenses would you like the Scholarship Committee to take into consideration, such as rent, unreimbursed medical expenses, or other ongoing expenses? What other financial circumstances would you like us consider? (Please attach a brief statement to help us understand your current situation.)

The fees to attend one Coop Day during the 2016-2017 year are \$499 per term. Our maximum scholarship amount is \$434 per family each term, so families with scholarships will be charged a minimum of \$65 a term. In order to assist as many families as possible, we ask that you indicate your level of need.

Can you afford \$434 each term? _____

Can you afford \$334 each term? _____

Can you afford \$234 each term? _____

If not, what amount can you afford? _____

If you are awarded a scholarship, you may take advantage of Voyagers' payment plan (5 monthly payments) policy for the amount for which you are responsible.

— Initial here that you have read and agree to the Scholarship Recipient Obligations (attached)

I verify that the information provided here is accurate and complete to the best of my knowledge. I will notify Voyagers immediately if there are any changes in this information.

Parent / Guardian #1 Signature: _____ Date: _____

Parent / Guardian #2 Signature: _____ Date: _____



Scholarship Recipient Obligations

- Any payments owed to Voyagers for any reason must be made on time and the member's account considered to be in good standing for scholarship assistance and membership to continue.
- All members of Voyagers are expected to contribute to our community; as with any other family, a family receiving scholarship assistance must abide by the Parent Participation Guidelines and Code of Conduct.
- Voyagers can only commit to scholarships on a termn byn term basis. Families who are given awards for the Fall term need not fill out a full application for the Spring term of that year but do need to notify the Scholarship Committee if they would like assistance for the Spring term as well, and affirm that their financial status and ability to contribute to their fees is unchanged. Continued assistance will only be considered for those whose accounts are in good standing.

Application Process Checklist

- Complete the entire Scholarship Application. Incomplete applications cannot be processed.
- Attach Form 1040 from your most recent tax return.
- Include a brief explanation of your current financial situation to support your need for financial assistance.
- Mail or bring your completed application to: Voyagers, Inc., 51 Middlesex Street, Suite 105, North Chelmsford, MA 01863

Please mark the envelope “Attn: Scholarships”

For the full text of Voyagers' Scholarship Policy, please refer to our
website: www.voyagersinc.org/Scholarships

Voyagers does not discriminate on the basis of gender, race, creed, sexual orientation, color, national or ethnic origin, physical disability, or marital status in its policies.