

Dear Applicant and Family:

Thank you for your interest in VISIONS. In order to assess your eligibility for financial aid, please complete the application and also submit the last two years' Federal tax returns, 1040 Forms and all schedules. Parent/guardian should submit one set of tax returns if filed jointly, or, if filed separately, copies of each person's return. Families may wish to provide additional financial information in the form of a cover letter to better help us determine eligibility. *If you are seeking \$700 or less, you do not need to submit the recommendation letters.*

Airfare, passport, packing list items and discretionary spending money are the responsibility of the participant.

Approximately 15% of VISIONS participants receive financial aid. Very few aid packages are for more than half of the total tuition, as we prefer to spread financial assistance to as many participants who need it as possible. In addition to our scholarships, we also provide some program spaces to teens who live in the communities in which we work and to inner-city students mentored by private foundations. Beyond these, we determine eligibility based on financial need, chronology of application, age and available spaces on programs.

In addition to your application to VISIONS, we urge you to look to your local community for support. The less financial assistance requested from a single applicant, the more scholarships VISIONS can offer.

Where to look...

Start networking. Try targeting local organizations with similar missions or philosophies. The Lions Club, Rotary, Jaycees, Junior League, Daughters of the American Revolution, church groups, even your school might be willing to lend a hand. Talk to your principal or guidance counselor, minister or rabbi, teachers, family friends. All communities are different and often there is assistance through a local organization for community service initiatives. Start with people you know who might be involved in such organizations.

What to say...

Before you meet with a potential donor, be sure to familiarize yourself with the mission of their organization. How does it relate to VISIONS' or to own your quest? Write a formal letter stating your goal and how much financial assistance you need. Be prepared to describe VISIONS by reading carefully "Program Details" and other information on our website, and perhaps printing some of the pages for your potential donors. In your letter, emphasize that the focus of your summer experience will be community service in a cross-cultural setting. Say why you want to do a VISIONS program, how you think you will benefit, and, through you, how your participation in VISIONS might benefit your community.

Some students have been creative about finding assistance and thanking sponsors. One student gained support from a group of Dominican graduate students who contributed to her tuition for the Dominican Republic program. When she returned home, she hosted an afternoon tea to thank her contributors. She showed slides from the trip and shared excerpts from a journal. Other students have earned part of their tuition through jobs, bake sales, and fundraisers.

Seeking assistance can be intimidating at first, but ultimately holds promise. It is our greatest wish that everyone who wants to participate in VISIONS could join us. You can help us realize this goal by helping to contribute to your tuition and thereby increasing the likelihood of a partial scholarship.

How to apply:

- Mail the scholarship application to our office. Recommendations from references may be sent separately.
- If you are planning on attending a program regardless of financial aid, submit the program application and deposit in order to hold a space on the program. Paying the deposit will not reduce your chances of receiving aid.
- If you cannot attend without receiving financial aid, do not submit the deposit. If you are chosen for aid, you then will be instructed on required payments. Keep in mind that without a deposit, we cannot guarantee a space in the program.
- It is a rolling deadline and we attempt to make decisions as applications are received. The logistics of planning for a program can take some time, so submit your completed application as soon as you're able. For larger scholarship requests, decisions usually are not made before mid-April.

VISIONS Service Adventures ~ Scholarship Application f`UVYzfa Ł

Part 1: Applicant's Information

Complete Name: _____

Birth Date: _____ Sex: _____ Grade: _____

School You Attend: _____

Student Lives With (name of parent/s or guardian/s): _____

Home Address: _____

Phone/s: _____ Email: _____

Parent 1 Name: _____

Home Address: _____

Phone/s: _____ Email: _____

Occupation: _____

Parent 2 Name: _____

Home Address: _____

Phone/s: _____ Email: _____

Occupation: _____

Amount Needed to Participate: Provide an estimated range of scholarship amount that would be needed in order to attend a program. If no more than \$700, note that you do not need to submit the recommendation forms. _____

Program/s You Wish to Attend: Please tell us in order of first, second and third choice the program/s you would like to attend. If you are open to more locations let us know. We have limited spaces available on each program, so flexibility can be beneficial to receiving a scholarship. _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Part 2: Recommendations

A. Name of the person who will complete Recommendation Form A (a teacher or counselor):

Name: _____

Address: _____

B. Name of the person who will complete Recommendation Form B (someone who knows you well):

Name: _____

Address: _____

Part 3: Self-Assessment

Answer the following question, using the back of this sheet if you like:
Describe one event in your life that has influenced you significantly. Please tell us why.

Financial Information ~ Adults Living in Household of Child

Printed Name

Relation to Child

Printed Name

Relation to Child

Enclose copies of the past two years' completed IRS Form 1040 or 1040A with attachments.

(This information is required for all filers, including those who are not required to file a return.)

	<u>Prior Year</u>	<u>2 Yrs Prior</u>
1. TOTAL TAXABLE HOUSEHOLD INCOME BEFORE DEDUCTIONS:		
A. Total salaries and wages	\$ _____	\$ _____
B. Dividend and/or interest income	\$ _____	\$ _____
C. Net profit/loss from business and/or farm	\$ _____	\$ _____
D. Other taxable income. If loss, use parentheses	\$ _____	\$ _____
2. Untaxed portion of payments to IRA, if any	\$ _____	\$ _____
3. Other IRS allowable adjustments to taxable income	\$ _____	\$ _____
4. TOTAL NONTAXABLE INCOME:		
A. Child support received	\$ _____	\$ _____
B. Social Security Benefits	\$ _____	\$ _____
C. Other taxable income	\$ _____	\$ _____
5. IRS total itemized deductions	\$ _____	\$ _____
6. Total federal income tax paid	\$ _____	\$ _____
7. Self-employment tax paid	\$ _____	\$ _____
8. Total state and other taxes paid	\$ _____	\$ _____
9. Total medical / dental expenses not covered by insurance	\$ _____	\$ _____
10. Unusual expenses	\$ _____	\$ _____
11. Does the adult/s the child lives with rent home? _____	Own home? _____	

If more space is needed, please use additional page.

Certification and Authorization

I declare that the information on this form, to the best of my knowledge and belief, is true, correct and complete. I authorize use of this form. If asked, I agree to verify information reported on this form. I will provide an official Photostat of U.S. federal income tax returns for the most recent past two years.

Signature of adult living in household

Signature of adult living in household

Recommendation Form A

To Be Completed by Teacher or Counselor

_____ is an applicant for a scholarship to VISIONS Service Adventures summer programs of community service in cross-cultural settings. Feel free to review information about VISIONS at www.Visions-Service.com.

Please tell us what you would like us to know about the applicant, specifically the qualities the applicant possesses that would make him or her a strong candidate for this program. Be as descriptive as possible.

Mail this form to: VISIONS, 321 East Main Street, Ste 426, Bozeman Montana 59715.
Or email to info@Visions-Service.com

Your name:

Relationship to applicant:

Phone and/or email:

Comments about applicant:

Recommendation Form B

To Be Completed by Adult Friend

_____ is an applicant for a scholarship to VISIONS summer programs of community service in cross-cultural settings. Feel free to review information about VISIONS at www.Visions-Service.com.

Please tell us what you would like us to know about the applicant, specifically the qualities the applicant possesses that would make him or her a strong candidate for this program. Be as descriptive as possible.

Mail this form to: VISIONS, 321 East Main Street, Ste 426, Bozeman Montana 59715.

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