Student Financial Aid Form

Internal Use Only
Week:_____

2007/2008

APPLICATION FOR CLOSE UP STUDENT FINANCIAL AID FUNDS

Please mail or fax forms to:
Close Up Foundation
44 Canal Center Plaza
Alexandria, VA 22314-1592
Fax: 866-262-3293

CLOSE UP® FOUNDATION

PLEASE PRINT. Use one block space for each number, letter, or space between words.

TO BE COMPLETED BY CLOSE UP TEACHER ONLY

Close Up Program ID No. (for example, AL20)

Participant ID No. 0 8 -

Name of Your School

Close Up School ID No.

TO BE COMPLETED BY STUDENT PARTICIPANT

Your Title (for example, Mr., Ms.)

Your First Name

Your Last Name

Selection of student financial aid candidates is made by the school's Close Up teacher and other members of the school's faculty and administration. All financial aid recipients must meet all eligibility requirements, including the following family income guidelines:

If the number of dependents (including parents) is:	1	2	3	4	5	6	7	8	More than 8
Then family income may NOT exceed:	$19,267	$25,834	$32,400	$38,967	$45,534	$52,101	$58,667	$65,234	Add $6,567 for each additional family member.

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED FOR FINANCIAL AID CONSIDERATION.

The Close Up Foundation reserves the right to make appropriate inquiries concerning statements made herein or any other information that might directly or indirectly influence the awarding of financial aid funds.

1. Birthdate MONTH DAY YEAR

2. Grade 9 10 11 12

3. Are you a foreign exchange student? check one YES NO

4. Have you ever been a recipient of Close Up financial aid funds? check one YES NO

5. Total annual gross income of your family (before taxes). See line 22 of 2006 IRS Form 1040, line 15 of Form 1040A, or line 4 of Form 1040EZ. If a tax return was not filed, please list the total amount of any support received during 2006. The Close Up teacher must verify family income by examining a copy of the 2006 federal tax return, or other supporting documentation if a tax return was not filed..... $_____

6. Number of people dependent on the above income (including parents). See line 6d of IRS Form 1040 or 1040A ..... #_____

ALL SIGNATURES ARE REQUIRED. Please sign in ink.

We hereby certify that all the information above is true and correct and, to the best of our knowledge, the applicant qualifies for financial aid funds in accordance with the financial aid criteria established by the Close Up Foundation.

Student Participant _____ Date _____ Parent or Guardian _____ Date _____

TEACHER CERTIFICATION:
I hereby certify that I have verified the information as provided above and, to the best of my knowledge, the information is true and correct and the applicant qualifies for financial aid funds in accordance with the financial aid criteria established by the Close Up Foundation.

Close Up Teacher _____ Date _____

MUST BE COMPLETED BY CLOSE UP TEACHER

FINANCIAL AID AMOUNT in whole dollars $_____

FINANCIAL AID APPLICATIONS MUST BE RECEIVED PRIOR TO PARTICIPATION.
FUNDS ARE NOT AVAILABLE AFTER PARTICIPATION.

Revised 8/07
3412-07