



**School of Continuing Studies**  
**NEED-BASED SCHOLARSHIP APPLICATION**  
**Application Deadline – July 1**

The School of Continuing Studies Evening School has several small scholarships available to candidates who have been accepted to the Evening School.

These scholarships are need-based. Individuals who can receive tuition reimbursement through an employer are not eligible for scholarship assistance.

Please complete the following form and **return with a detailed letter** (typed and double-spaced) indicating your financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances which create financial need and any additional comments that might increase our understanding to:

Evening School Scholarships, School of Continuing Studies, University of Richmond, Virginia  
 23173: Attn: Sandra Kirkland

**Personal Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Student ID \_\_\_\_\_ Birth date \_\_\_\_\_  
 Present employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Number of dependents, if any \_\_\_\_\_ Ages \_\_\_\_\_  
 Number of credits completed in the School of Continuing Studies \_\_\_\_\_

**Financial Information**

Total Annual Household - Gross Income ..... \$ \_\_\_\_\_  
 Estimated combined take home pay for current year..... \$ \_\_\_\_\_  
 Estimated total household expenses for current year..... \$ \_\_\_\_\_  
 Other Assets: Real Estate value \$ \_\_\_\_\_ Unpaid mortgage \$ \_\_\_\_\_  
                   Investments \$ \_\_\_\_\_ Savings Accts. \$ \_\_\_\_\_ Other (please list) \_\_\_\_\_  
                   \_\_\_\_\_

Are you receiving scholarship assistance from any other source?  Yes  No  
*If yes, how much do you receive?* \_\_\_\_\_

Do you receive reimbursement from an employer?  Yes  No  
*If yes, how much do you receive?* \_\_\_\_\_

***I declare that the above information is true and accurate and that I am not receiving any other educational assistance, nor am I eligible for such assistance.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Detailed Letter

*Indicate your financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances that create financial need, and any additional comments. Please type and double space. Use the space below or attach as a separate page.*