

**LEADERSHIP CHENANGO**  
**Class of 2012**

**- FINANCIAL AID REQUEST FORM -**

Name: \_\_\_\_\_ Years in Chenango County: \_\_\_\_\_

Home

Address: \_\_\_\_\_

Business

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Amount of Financial Aid Requested

\$ \_\_\_\_\_

If currently employed, is your employer willing to pay all or a portion of your tuition for this program?

Yes Amount: \$ \_\_\_\_\_  No

Other sources of financial assistance you have pursued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would a payment schedule help you in meeting the tuition obligation personally?

Yes  No

If yes, what schedule could you accommodate?

Monthly Amount: \$ \_\_\_\_\_  Quarterly Amount: \$ \_\_\_\_\_

Other Amount: \$ \_\_\_\_\_

Is there any other information you can provide which would help the selection committee in making a determination of financial assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**This form must be sent with your application.**  
**Application deadline: August 1, 2011**