



Life-Changing Scholarships for Women Over 35

Name of Applicant \_\_\_\_\_

**VITAL IMPACT APPLICATION FOR SCHOLARSHIP FUNDS  
STATEMENT OF ACCEPTANCE AND SCHEDULE OF FEES**

Applicant: This document must be completed and signed by the authorized admissions or financial officer of your school.

This is to certify that:

Name of student \_\_\_\_\_ has been accepted by:

Name of Institution: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

For enrollment in Semester: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Degree program/course of study

**Itemization of Expenses for Student's Educational Program for this Semester**

Please include estimated tuition, fees, textbooks, and miscellaneous expenses required for this program and the date that payment is due.

_____	\$ _____	_____
Type of expense	amount	date due
_____	\$ _____	_____
Type of expense	amount	date due
_____	\$ _____	_____
Type of expense	amount	date due

Total tuition, fees, textbooks and miscellaneous fees for this semester: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized Admissions  
or Financial Aid Officer

Attach your business card  
here with clear tape,  
please.

Date \_\_\_\_\_

This document must be mailed separately. Mail the completed and signed form by June 17, 2017 to:

Vital Impact  
P. O. Box 192  
Accord, MA 02018-0192