

**This form is only for use by students who are NOT a U.S. citizen or eligible non-citizen.**

**If you are a U.S. citizen or eligible non-citizen, please:**

1. Log into your [MyVSAC account](#) (if you don't have an account, click "Register Now")
2. Click "Work with Grants"
3. Choose "Apply for a Vermont Grant" in the left-hand menu



# 2025–2026

## Vermont Grant Pathway Application

**For the  
Academic Year  
2025–2026**

### General Information

**Complete this application if you are not a U.S. citizen or eligible non-citizen**

The Vermont Grant is intended to support Vermont residents considering a college program or short-term career training, whether you plan to pursue your studies in Vermont or in another state.

This **Vermont Grant Pathway application** is specifically for students who are not U.S. citizens or eligible non-citizens. If you need help completing this application, contact the VSAC Grant Program at the telephone numbers below.

### How to Apply

**Complete the Vermont Grant Pathway application** and return it to VSAC.

- Applications are considered on a first-come, first-served basis as long as funding is available.
- You'll be considered for a **Vermont Grant** if you are enrolled as a:
  - full-time student (at least 12 credits per semester) during the 2025–2026 academic year, OR
  - part-time student (less than 12 credits per semester) during the 2025–2026 academic year.

### Who is Eligible

**You must:**

- be a Vermont resident
- be enrolled in or be enrolling in an undergraduate program leading to a degree, diploma, or certificate
- have financial need as determined by the VSAC Grant Program
- be maintaining satisfactory academic progress
- be attending an eligible institution
- not have received the equivalent of 10 semesters of Vermont grants **UNLESS** you're enrolled in the Doctor of Medicine program at the UVM Larner College of Medicine or enrolled in any accredited Doctor of Veterinary Medicine program
- not have received your bachelor's degree **UNLESS** you're enrolled in the Doctor of Medicine program at the UVM Larner College of Medicine or enrolled in any accredited Doctor of Veterinary Medicine program

TOLL FREE  
**800-882-4166**

BURLINGTON AREA  
**802-654-3750**

ONLINE  
**[vsac.org](https://vsac.org)**

EMAIL  
**[grants@vsac.org](mailto:grants@vsac.org)**



# Instructions for the 2025–2026 Vermont Grant Pathway Application

(for courses beginning between July 1, 2025, and June 30, 2026)

Be sure to answer all questions on the application. Unanswered questions may result in this form being returned to you or requests for additional information. If a question does not apply, enter “N/A” (not applicable). The following information and instructions will help you answer the questions.

## Section A: Student/Applicant Information

If you do not have a Social Security Number or ITIN please leave question #2 blank.

**Citizenship** (question 12) - choose:

- **U.S. citizen** if you are a U.S. citizen
- **Asylum seeker** if you filed paperwork seeking asylum and have either an Employment Authorization Document (EAD) or a DHS employment Social Security card and number
- **Eligible non-citizen granted parole to enter the U.S.** if you have been granted parole to enter the United States pursuant to 8 U.S.C. 1182 (d)(5) (temporary admission of nonimmigrant for urgent humanitarian reasons)
- **Eligible non-citizen qualifying as a refugee** if you qualify as a refugee pursuant to 8 U.S.C. 1101 (a)(42)
- **Eligible non-citizen granted special immigrant visa** if you have been issued a special immigrant visa pursuant to the Afghan Allies Protection Act of 2009, Pub. L. No. 111-8, as amended
- **Other eligible non-citizen** if you are:
  - a permanent U.S. resident with a Permanent Resident Card (I-551); or
  - a conditional permanent resident with a Conditional Green Card (I-551C); or
  - the holder of an Arrival/Departure Record (I-94) from the Department of Homeland Security, showing any one of the following designations: Refugee, Asylum Granted, Parolee (I-94 confirms paroled for a minimum of one year and status has not expired), Cuban-Haitian Entrant, victim of human trafficking, or T visa holder (T-1, T-2, T-3, etc.)
- **None of these** if you aren't any of the options described above

| Vermont Counties |            |
|------------------|------------|
| ADDISON          | LAMOILLE   |
| BENNINGTON       | ORANGE     |
| CALEDONIA        | ORLEANS    |
| CHITTENDEN       | RUTLAND    |
| ESSEX            | WASHINGTON |
| FRANKLIN         | WINDHAM    |
| GRAND ISLE       | WINDSOR    |

## Section B: Dependency Determination

If you answer “Yes” to any of these questions, you can skip section D, Parent Financial Information.

## Section C: Student/Applicant Financial Information & Section D: Parent Financial Information

Report all sources of your actual 2023 untaxed income, assets and debt (and your spouse's, if applicable). If you are divorced or separated, be sure to list only your information and your share of the asset and debt, as well as any benefits received for your dependent children. (If your income for 2025 will be lower than 2023, please attach a separate letter to request that we use your 2025 income.)

For “Assets,” do not leave any questions blank. If the question doesn't apply, please enter “0” or “N/A.”

If you answered “No” to all of the questions in Section B, you need to complete Section D with your legal parent(s) financial information.

**Which parent(s) information should you use?** Legal parents are biological or adoptive. Grandparents, foster parents, legal guardians, widowed stepparents, aunts, uncles, and siblings are not considered parents on this application, unless they have legally adopted you.

- If your parent was never married and does not live with your other legal parent, or if your parent is widowed and not remarried, provide that parent's information for the Parent 1 questions, and skip the Parent 2 questions.
- If your parents are divorced or separated, provide information for the parent who provided you the most financial support within the past 12 months for the Parent 1 questions, and skip the Parent 2 questions. If your parents provided equal support, provide information for the parent with the greater income and assets.
- If your parent(s) are married, remarried, or unmarried living together, provide information for the Parent 1 questions same as instructed above, then refer to the instructions on page 5 to determine if the Parent 2 questions also need to be answered.

## Section E: Colleges

Provide the Federal School Code, name and address of up to three colleges you may attend. Federal School Codes may be found by contacting the college Financial Aid Office, or visiting [fsapartners.ed.gov/knowledge-center/library/resource-type/Federal School Code Lists](https://fsapartners.ed.gov/knowledge-center/library/resource-type/Federal-School-Code-Lists). You can add additional colleges once you create your MyVSAC account (instructions will be provided after we receive your application).

## Section F: Signatures

- **You** (the student/applicant) **must** sign this application.
- If you answered the questions in Section D, at least **one parent must** also sign this application.





MAIL COMPLETED FORM TO:

Vermont Student Assistance Corporation

10 East Allen Street, PO Box 2000

Winooski, VT 05404-2601

TOLL FREE 800-882-4166 BURLINGTON AREA 802-654-3750

TDD 800-281-3341 TDD BURLINGTON AREA 802-654-376

EMAIL [grants@vsac.org](mailto:grants@vsac.org) ONLINE [vsac.org](https://vsac.org)

VSAC USE ONLY

# 2025–2026 Vermont Grant Pathway Application

(for courses beginning between July 1, 2025,  
and June 30, 2026)

## SECTION A: Student/Applicant Information

|                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|--|------------------------------------------------------------------------|--|--|--|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|------------------------|--|--|--|--|--|--|--|--|--|
| 1. Name<br><div style="display: flex; justify-content: space-between;"><div>First</div><div>Last</div></div>                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  | Mid.<br>Init.                                                                                                                         | 2. Social Security number<br>or ITIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |  |  |  |                                                                        |  |  |  |       | 3. Gender<br><div style="display: flex; justify-content: space-around;"><div>M <input type="checkbox"/></div><div>F <input type="checkbox"/></div><div>NB <input type="checkbox"/></div></div> |          |  | 4. County of residence |  |  |  |  |  |  |  |  |  |
| 5. Permanent mailing address (number and street)                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | City                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  | State |                                                                                                                                                                                                | Zip code |  |                        |  |  |  |  |  |  |  |  |  |
| 6. Telephone number<br>Area code                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  | Is this a<br>cell phone?                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7. Date of birth<br>Month Day Year |  |  |  | 8. Name of high school from which you have graduated or will graduate: |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>                                                                                                                                                                          |  |  |  |  |  |  |  |  |  | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 9. Email address: _____ 10. Primary language spoken in home: _____                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 11. Are you a Vermont resident?<br><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes, I have lived in Vermont since</div><div><input type="checkbox"/> No</div></div>                                                                                               |  |  |  |  |  |  |  |  |  |                                                                                                                                       | 12. Are you a/an (see instructions—please check one):<br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> U.S. citizen</div><div><input type="checkbox"/> Asylum seeker</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Eligible non-citizen granted parole to enter the U.S.</div><div><input type="checkbox"/> Eligible non-citizen qualifying as a refugee</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Eligible non-citizen granted special immigrant visa</div><div><input type="checkbox"/> Other eligible non-citizen</div><div><input type="checkbox"/> None of these</div></div> |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 13. Will you receive your first bachelor's degree from any college or university by June 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 14a. Will you be enrolled in the Doctor of Medicine program at the UVM Larner College of Medicine during the 2025–2026 academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 14b. Will you be enrolled in a Doctor of Veterinary Medicine program during the 2025–2026 academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                              |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 15. Check your anticipated enrollment status for the<br>2025–2026 academic year:<br><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Full time</div><div><input type="checkbox"/> Part time</div></div>                                                                |  |  |  |  |  |  |  |  |  |                                                                                                                                       | 16. Your year in college or other education beyond high school during 2025–2026 (check only one box):<br><div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Freshman</div><div><input type="checkbox"/> Sophomore</div><div><input type="checkbox"/> Junior</div><div><input type="checkbox"/> Senior</div><div><input type="checkbox"/> Graduate</div><div><input type="checkbox"/> Other</div></div>                                                                                                                                                                                                                                                                                                      |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |
| 17. When you start classes for the 2025–2026 school year, will you still be enrolled in your senior year of high school while taking your first year of college courses at<br>VTSU, CCV, Clarkson University, Norwich, or Simons Rock of Bard College <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |  |  |  |  |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |  |  |  |                                                                        |  |  |  |       |                                                                                                                                                                                                |          |  |                        |  |  |  |  |  |  |  |  |  |

## SECTION B: Dependency Determination

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
| If you (the student/applicant) answer “Yes” to any of the following questions, complete Section C with <b>your</b> financial information (you can skip Section D).<br>If you answer “No” to all of the following questions, complete Section C with your financial information and Section D with your parent(s) financial information.                                                                                                                                                                                                   |  | Yes                      | No                       |
| • Were you born before January 1, 2002?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • As of today, are you married? (Answer “No” if you are separated.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • At the beginning of the 2025–2026 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, or graduate certificate, etc.)?                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training, or are you a veteran of the U.S. Armed Forces?                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have children or other people (excluding your spouse) who live with you and receive more than half of their support from you now and between July 1, 2025, and June 30, 2026?                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • At any time since you turned 13, were you an orphan (no living biological or adoptive parent), were you in foster care, or were you a ward of the court?                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • As determined by a court in your state of legal residence, are you or were you an emancipated minor?                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • At any time on or after July 1, 2024, were you determined to be homeless or self-supporting and at risk of being homeless, by any of the following: the director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness; the director or designee of a project supported by a federal TRIO or GEAR Up program grant; your high school or school district homeless liaison or designee; or a financial aid administrator? |  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have unusual circumstances that prevent you from contacting your parents?                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION C: Student/Applicant Financial Information

Complete the following with your information (and your spouse's, if applicable).

1. Marital status:

☐ Single (never married) ☐ Married (not separated) ☐ Remarried ☐ Separated ☐ Divorced ☐ Widowed

2. Number of family members in 2025–2026: \_\_\_\_\_

*Include yourself (and your spouse, if applicable), your dependent children (even if they live apart due to college enrollment), and other people living with you now if you will provide more than half of their support between July 1, 2025 and June 30, 2026.*

3. Child support received: \$ \_\_\_\_\_

*Enter the total amount you and your spouse received in child support for the last complete calendar year; if none, enter "N/A."*

4. At any time during 2022 or 2023, did you or anyone in your family receive benefits from any of the following programs? Check all that apply:

☐ Earned Income Credit (EIC) ☐ Refundable credit for coverage under a qualified health plan (QHP)  
☐ Temporary Assistance for Needy Families (TANF) ☐ Federal housing assistance ☐ Supplemental Nutrition Assistance Program (SNAP)  
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ☐ Free or reduced-price school lunch ☐ Medicaid  
☐ Supplemental Security Income (SSI) ☐ None of these apply

5. Did or will you file a 2023 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

6. Did you either earn income in a foreign country in 2023, work for an international organization in 2023 without being required to report income on any tax return, or file a 2023 tax return with Puerto Rico or another US territory? ☐ Yes ☐ No

7. 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

8. Did or will you file a 2023 joint tax return with your current spouse? ☐ Yes (If "Yes," answer question 9) ☐ No (If "No," answer questions 10–12)

9. Combined 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

**If you did NOT file a joint tax return with your spouse in 2023, please answer the following questions about your spouse:**

10. Did or will your spouse file a 2023 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

11. Did your spouse either earn income in a foreign country in 2023, work for an international organization in 2023 without being required to report income on any tax return, or file a 2023 tax return with Puerto Rico or another U.S. territory? ☐ Yes ☐ No

12. Spouse's 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

**Assets:** Do not leave any question blank. If a question does not apply, enter "0" or "N/A".

|                                                                                                                                                   | Current value | Current debt |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| 13. List your (and your spouse's, if applicable) cash/savings/checking balance.                                                                   | \$ _____      |              |
| 14. If you (and your spouse, if applicable) own a home, list the current value and debt.                                                          | \$ _____      | \$ _____     |
| 15. List the current value and debt of your (and your spouse's, if applicable) business or farm.                                                  | \$ _____      | \$ _____     |
| 16. List the current value and debt of any other real estate (other than your home) or investments owned by you (and your spouse, if applicable). | \$ _____      | \$ _____     |

SECTION D: Parent Financial Information

If you answered "Yes" to any of the questions in section B, you may skip this section. Otherwise, see the instructions for Section D to determine which parent(s) information to provide.

1. Parent's marital status:  

☐ Single (never married)

☐ Unmarried and both legal parents living together

☐ Married (not separated)

☐ Remarried

☐ Separated

☐ Divorced

☐ Widowed

Parent 1  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security number or ITIN: \_\_\_\_\_ (If your parent does not have an SSN or ITIN, please leave blank.)  
If Parent 1 is married, remarried, or unmarried and living together, include their spouse or partner's information:  
Parent 2  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Social Security number or ITIN: \_\_\_\_\_ (If your parent does not have an SSN or ITIN, please leave blank.)

2. How many people are in your parent(s)' family? \_\_\_\_\_  
Include yourself, Parent 1 (and Parent 2, if applicable), your parent(s)' dependent children (even if they live apart due to college enrollment), and other people living with your parents now if your parents will provide more than half of their support between July 1, 2025 and June 30, 2026.

3. Child support your parent(s) received: \$ \_\_\_\_\_  
Enter the total amount Parent 1 (and Parent 2, if applicable) received in child support for the last complete calendar year; if none, enter "N/A."

4. Did or will Parent 1 file a 2023 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

5. Did Parent 1 either earn income in a foreign country in 2023, work for an international organization in 2023 without being required to report income on any tax return, or file a 2023 tax return with Puerto Rico or another US territory? ☐ Yes ☐ No

6. Parent 1's 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

7. Did or will Parent 1 file a 2023 joint tax return with Parent 2? ☐ Yes (If "Yes," answer question 8) ☐ No (If "No," answer questions 9–11)

8. Parent 1 & 2's combined 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

If your parents are married, remarried, or unmarried and living together, and they did NOT file a joint tax return together in 2023, please answer questions 9–11 about your parent's spouse or partner (Parent 2):

9. Did or will Parent 2 file a 2023 IRS Form 1040 or 1040-NR? ☐ Yes ☐ No

10. Did Parent 2 either earn income in a foreign country in 2023, work for an international organization in 2023 without being required to report income on any tax return, or file a 2023 tax return with Puerto Rico or another US territory? ☐ Yes ☐ No

11. Parent 2's 2023 income earned from work — IRS Form 1040 (or 1040-NR): line 1a + Schedule 1 (lines 3 + 6): \$ \_\_\_\_\_

Assets: Do not leave any question blank. If a question does not apply, enter "0" or "N/A".

|                                                                                                                              | Current value | Current debt |
|------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| 12. List your parent(s)' cash/savings/checking balance.                                                                      | \$ _____      |              |
| 13. If your parent(s) own a home, list the current value and debt.                                                           | \$ _____      | \$ _____     |
| 14. List the current value and debt of your parent(s)' business or farm.                                                     | \$ _____      | \$ _____     |
| 15. List the current value and debt of any other real estate (other than their home) or investments owned by your parent(s). | \$ _____      | \$ _____     |

16. Parent 1's state of legal residence: \_\_\_\_\_

17. Parent 2's state of legal residence: \_\_\_\_\_

SECTION E: Colleges

Enter up to three colleges that you are considering attending. You may add more once you create a MyVSAC account.

|            | Federal School Code  | College name         | College address (city and state) |
|------------|----------------------|----------------------|----------------------------------|
| College 1: | <input type="text"/> | <input type="text"/> | <input type="text"/>             |
| College 2: | <input type="text"/> | <input type="text"/> | <input type="text"/>             |
| College 3: | <input type="text"/> | <input type="text"/> | <input type="text"/>             |

SECTION F: Signatures

We, the undersigned applicant and parent(s), certify under penalty of perjury that the information contained on this form, the financial need analysis form, and any other submission in connection with this and any future application for a Vermont Grant, is and will be truthful, correct, and complete to the best of our knowledge. We also authorize an automatic renewal of the applicant's grant for future academic periods, and likewise certify under penalty of perjury that the information contained on this form, the financial need analysis form, and any other submission in connection with an automatic renewal, will be truthful, correct, and complete to the best of our knowledge.

We hereby authorize Vermont Student Assistance Corporation (VSAC) to obtain from the appropriate authorities copies of our U.S. and Vermont State tax returns, and any information contained in such returns or other forms that VSAC may deem necessary to process a grant application or an automatic renewal of a grant.

We understand that the information will be held in strict confidence, except that VSAC may share and exchange any information provided to VSAC related to need analysis, income, assets, tax forms, residency, financial aid awards (grants, scholarships, loans, work-study, etc.), and enrollment status with educational institutions, colleges, universities, scholarship providers, training programs, and with any individual or group of individuals considering the student for financial assistance in or outside of Vermont now or in the future, with the applicant, or pursuant to court order or proper legal process.

Also, we agree to promptly refund and repay to VSAC all funds awarded to the applicant that VSAC determines to have been based upon incorrect or incomplete information supplied on this application, tax forms, need analysis statements, or other required forms.

By submitting this form, we consent and agree that VSAC and its agents, service providers, and assignees may monitor and record telephone calls regarding this form and application to assure the quality of VSAC services or for other appropriate reasons. We consent and agree that VSAC may call either of us, using an automatic telephone dialing system or otherwise leave me a voice, prerecorded, or artificial voice message, or send a text, email, or other electronic message for any purpose related to the processing and awarding of this application with VSAC (each a "Communication"). We consent and agree that VSAC may send a Communication to any telephone numbers, including cellular telephone numbers, or email addresses either of us provides to VSAC in connection with this application or at any time in the future. We acknowledge and confirm that VSAC has the authority to rely on these consents because we are either the subscriber of the telephone number(s) or non-subscriber customary user who has authority to provide the consent. We also agree that VSAC may include my personal information in a Communication. I agree that VSAC will not charge me for a Communication, but my service provider may. In addition, we understand and agree that VSAC may always communicate with us in any manner permissible by law that does not require any prior consent.

REMINDER: BEFORE SIGNING, BE SURE YOU HAVE ANSWERED EVERY QUESTION.

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

IF YOU (STUDENT/APPLICANT) PROVIDED PARENT INFORMATION IN SECTION D, AT LEAST ONE PARENT MUST SIGN.

PARENT 1 SIGNATURE: \_\_\_\_\_ PRINT PARENT 1 NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

PARENT 2 SIGNATURE: \_\_\_\_\_ PRINT PARENT 2 NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

If you or your family have special circumstances that may affect your need for student financial aid, please attach a letter to this application, explaining these special circumstances.

Privacy Act Notice to Applicants

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 522a) requires that when any federal, state, or local government agency requests an individual to disclose his or her Social Security number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is requested, and what uses will be made of it. Accordingly, grant applicants are advised that disclosure of their Social Security numbers has been a requirement and a condition for applying for a Vermont grant since 1966.

VSAC will use an applicant's Social Security number to identify the applicant, to ensure that the information concerning the applicant is properly recorded and filed, to certify attendance and status at college, and to identify the applicant/student for making accurate grant award payments.

Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's Social Security number where the agency required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Since 1966, applicants have been required to provide Social Security numbers and all subsequent application forms have required applicants to submit their Social Security numbers. On June 17, 2019, the Board of Directors of VSAC adopted a policy that authorizes the Grant/Scholarship program to withdraw an application from consideration for failure to provide required information.

In addition, based upon the same authority, VSAC also requires parents' Social Security numbers on the grant application. The parents' Social Security numbers will be used by VSAC in each year in which the applicant applies for a grant, to verify the parents' income with the Vermont Department of Taxes as required in 16 V.S.A. 2843(b) and to obtain copies of U.S. income tax returns as authorized by the parents' signature on the grant applications.