Financial Aid Application

We want your student to be able to attend the LEAD summer leadership experience, and we will do all we can to work with you to make that happen. However, we need your help.

Financial Aid is not guaranteed. Whether any financial aid is awarded (and the amount awarded to each person) is entirely dependent upon the generosity of our donors. First-time students will receive preference, on a first-come, first-served basis. If we are not able to grant you financial aid, and consequently you are not able to attend, all payments minus your registration deposit will be refunded.

This application must be signed by the Parent/Guardian listed. Unless you have already registered, please mail this application with the LEAD Registration Form and at least a $100 deposit made out to Minnesota Family Institute. If you have any questions or concerns, please contact us at: (612) 789-8811 x.215 — LEAD@mfc.org.

Applicant Information: Please fill out all fields clearly

Parent/Guardian Full Name(s)

Student Full Name

Explain your current financial situation:

Fundraising: Many students raise their own money to attend LEAD. They do garage sales, rake or mow lawns, shovel snow, babysit, etc. Some even ask for support from individuals and their church, similar to raising funds for a mission trip.

Describe how your student is helping to earn money to pay for LEAD:

Payment Options: You may pay in any increments as long as the amount is paid in full by the time the LEAD week begins. Using the following worksheet, please estimate the expected amount you will be able to pay:

<table>
<thead>
<tr>
<th></th>
<th>1st Time Financial Aid Recipients</th>
<th>2nd Time Financial Aid Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Deposit</td>
<td>$100</td>
<td>A. Deposit</td>
</tr>
<tr>
<td>B. Additional</td>
<td>$75</td>
<td>B. Additional</td>
</tr>
<tr>
<td>C. Minimum Required</td>
<td>$175</td>
<td>C. Minimum Required</td>
</tr>
</tbody>
</table>

D. Amount above $175 I expect to be able to pay by the time my child attends LEAD: $ ______

Total I expect to pay to LEAD: $ ______
(Add lines C and D and enter amount here.)

D. Amount above $275 I expect to be able to pay by the time my child attends LEAD: $ ______

Total I expect to pay to LEAD: $ ______
(Add lines C and D and enter amount here.)

I agree to pay the required minimum of $175/$275 plus any additional amount I am able before July 26, 2020.

Parent/Guardian Signature: ___________________________ Date: ___________________________

MAIL TO: Minnesota Family Institute - Attn: LEAD - 2855 Anthony Lane S, Suite #150, Minneapolis, MN 55418