



SOAR Virginia® Enrollment Form

Student information given on this form will only be used for purposes related to SOAR Virginia.



Please complete this form online, print it and take it to your appointment with your early commitment advisor.

To enroll in SOAR Virginia, students must meet the following eligibility requirements:

1. Be a U. S. citizen or legal U.S. resident
2. Be a Virginia resident and a student in grades 10-12¹, enrolled in a participating Virginia high school
3. Have a minimum cumulative GPA of 2.5 or higher at the time of enrollment
4. Qualify to participate in the federal National School Lunch Program

Please complete all applicable sections.

Student First Name		Student Middle Initial		Student Last Name	
Social Security Number ²	Date of Birth	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship Status (please check one) <input type="checkbox"/> U.S. citizen <input type="checkbox"/> legal U.S. resident	
Mailing Address			City	State VA	Zip
Telephone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Telephone Number (optional)		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email Address <input type="checkbox"/> Student <input type="checkbox"/> Parent					
Current Cumulative Enrollment GPA		Grade		Anticipated Graduation Year	
Name of Current School			SOAR Virginia Early Commitment Advisor Name		

¹ Highland High School students may begin in the 9th grade.

² Social Security Number or Tax Identification Number is required to report a distribution of scholarship funds to the Internal Revenue Service and will be collected at enrollment.

Optional Information

The following questions are voluntary. Your parent/guardian must give permission for you to answer these questions as evidenced by their signature on the Parent/Guardian Consent. Your answers to these questions do not impact your eligibility for the SOAR Virginia program.

1. Do you live with your parent(s)? Yes No
If not, with whom? Relative _____ Other _____
2. Did either of your parent(s)/ guardian(s) attend college? Yes No
3. Is English your first language? Yes No
4. What type of college interests you? 2 Year 2 Year + Transfer 4 Year Technical or Certificate
5. Are you currently a Partnership for the Future (PFF) Student? Yes No
6. Please list any other college access program in which you are currently involved/affiliated? (GRASP, ACCESS College Foundation, Project Discovery, etc.) _____

SOAR Virginia is sponsored by Virginia College Savings PlanSM (Virginia529SM) and offered in partnership with participating college access providers.

The SOAR Virginia® Pledge

I pledge that...

-  I will maintain a minimum cumulative **GPA*** of 2.5
-  I will meet with my early commitment **advisor** regularly
-  I will complete **financial literacy** training during high school
-  I will **behave** in a manner consistent with my school's Code of Student Conduct
-  I will **attend** school regularly without unexcused absences
-  I will participate in **community service** activities
-  I will **complete** a **Free Application for Federal Student Aid (FAFSA)** during my senior year
-  I will **apply to an eligible educational institution**, including a 2- or 4-year college or university or technical school

* or comparable academic achievement as determined by SOAR Virginia

As a SOAR Virginia scholar, I can expect:

-  Advising on academic preparation for post-secondary education
-  Financial literacy training
-  Assistance completing college applications
-  Assistance obtaining financial aid, including help completing the FAFSA
-  Scholarship support of up to \$2,000 to apply toward post-secondary education¹
-  Support from an early commitment advisor and the SOAR Virginia community
-  Recognition as a SOAR Virginia scholar

¹ Funds from awards are intended for use by SOAR Virginia scholars for higher education tuition and fees. Throughout the program, funds remain the property of Virginia529 and will be paid only to higher education institutions on behalf of the SOAR Virginia scholar. Funds from awards are invested in Virginia529 inVEST accounts and involve investment risk, including the possible loss of principal.

STUDENT> Please use ink to sign below.

Student Printed Name: _____

Student Signature: _____ **Date:** ____/____/____

Parent/Guardian Consent

Parents and Guardians: Your support of your student in SOAR Virginia is an essential element to their success. Please join him or her in committing to the SOAR Virginia pledge.

- I grant permission for my student to be a SOAR Virginia scholar. I also grant permission for my student to supply the information necessary to enroll as a SOAR Virginia scholar and for Virginia529 to contact my student.
- I have read all the materials about the SOAR Virginia program found on the SOAR Virginia website at Virginia529.com/SOAR, including the SOAR Virginia Privacy Policy and website Terms of Use (virginia529.com/resources/terms-of-use)
- I understand that my student will be able to view his/her SOAR Virginia account online when the functionality is made available. I give permission for my student to visit Virginia529.com/SOAR to review the awards, growth, distributions and current balance of his/her account. I release Virginia529 from any liability related to Internet usage beyond these purposes.
- I grant SOAR Virginia advisors permission to view my student's academic record, view my student's online SOAR Virginia account statement and receive information from school teachers, administrators and counselors about my student to ensure eligibility and fulfillment of the SOAR Virginia pledge and to share such information with Virginia529 as is necessary to administer SOAR Virginia.
- In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable state and federal law, the undersigned Parent/Guardian authorizes Virginia College Savings Plan and the school listed above to disclose to each other my student's personally identifiable information, and any other information necessary to ensure my student's eligibility and fulfillment of the SOAR Virginia pledge.
- I understand that enrollment in SOAR Virginia does not guarantee my student admission to, free tuition at, or in-state tuition at any post-secondary institution.
- I understand that funds from awards earned are intended for use by my student for higher education tuition and fees. I understand that SOAR Virginia funds remain the property of Virginia529 and will be paid only to higher education institutions on behalf of my student.
- I understand that my student's admission and continued participation in SOAR Virginia depends upon his/her compliance at all times with the requirements of the SOAR Virginia Pledge.
- I understand the enrollment requirements for this program including minimum GPA, residency, citizenship and National School Lunch Program requirements and by signing below I certify that the information provided on this form is true and complete to the best of my knowledge.

PARENT/GUARDIAN> Please use ink to sign below.

Please note your consent is required for your student to participate in SOAR Virginia.

Student Name	Parent/Guardian Name	Relation to Student		
Parent/Guardian Mailing Address		City	State VA	Zip
Parent/Guardian Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		Parent/Guardian Email Address		

Parent/Guardian Signature: _____ **Date:** ____/____/____

Media Clearance (Optional)

By signing below, I grant SOAR Virginia and Virginia529 permission to publish my student's name, photograph, likeness, statements, testimonials, text and/or sound or video recording of him or her to be used in press releases, news articles, promotional materials, the SOAR Virginia/Virginia529 website, or for any other SOAR Virginia purposes in any medium throughout the world in perpetuity without compensation or consent unless required by law.

Parent/Guardian Signature: _____

National School Lunch Program Income Eligibility Guidelines 2016-2017

Household Size	Income Threshold for National School Lunch
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
For each add'l family member, add	\$7,696

Source: Federal Register Vol. 81, No. 56 / Wednesday, March 23, 2016 / Notices

Be aware these thresholds may change without notice so please also visit the website listed immediately below the chart for the most current information. For more information, visit <http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs.htm>