

# Developing Hands

.For the People by the people.

## -Application for Student Directed Aid-

Please fill this form out completely and attach any additional or required information. If the child cannot understand this application, an adult (over 18 years old) may fill out the application for them. Please answer all questions; if your answer is .none. or .not applicable. so indicate. Please do not submit an application with missing or incomplete information.

Name of adult filing this application: \_\_\_\_\_  
(Please print)

Relationship to child: \_\_\_\_\_

### Student information:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Region Village

House address or description \_\_\_\_\_

Birth date: \_\_\_\_\_  
(mm/dd/yy)

List all schools attended; if applicant has never attended school write .none.

### Institution Dates Attended (mm,yy)

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

### Parental Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Deceased \_\_\_\_\_

### Parent information:

(If applicant is an orphan, please attach a description of how they receive support)

Occupation: \_\_\_\_\_

Land owned: \_\_\_\_\_

Animals owned: \_\_\_\_\_

Cash on hand: \_\_\_\_\_

Cash value of any other assets owned: \_\_\_\_\_

Please give an explanation as to why you believe you should receive funding to attend school, include any relevant documentation.

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

(If more space is needed attach a separate sheet)

Are you currently receiving aid from any other organization? Yes: \_\_\_\_\_ No: \_\_\_\_\_

(If yes, please include all documentation showing how much you have received. If no documentation is available write a note describing the situation)

**Supplying false information on this application may subject you to criminal charges, and if a falsification is discovered you may be retroactively assessed the amount we allocated to your support.**

I hereby swear that the information contained in this application is accurate and complete, and that all documents contained hereto are true and unaltered copies of original documents. If any circumstances change, affecting the information requested in this application I agree to notify Developing Hands in writing within 6 months of the change.

**Printed Name (of applicant):** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail the completed application to our offices at the address below. We will contact you through the address you provided above.

Developing Hands

ATTN: Student Application

4917 Thunderbird Drive

#24

Boulder, CO 80303.