

SCHOLARSHIP OPPORTUNITY Tax Deductible

The VSNC local Lynchburg scholarship opportunity was designed for area businesses, and sponsors an opportunity to assist local Lynchburg neighborhood individuals', adult and youth, that have been active in their communities via; neighborhood watch organizations, civic volunteer organizations, and contributors to grass root efforts a chance to participate and attend the 1 1/2 day, 15th Annual Virginia Statewide Neighborhood Conference on September 18-19, 2014.

Application Instructions and Information:

- * *Please make checks out to VSNC INC. accompanied with a copy of the Donor/ Scholarship form and Recipient Application if applicable by August 25, 2014.
- * *Donors/Sponsor please complete **SCHOLARSHIP DONOR/SPONSOR FORM.**
- * *Scholarship Applicants please complete **VSNC LYNCHBURG SCHOLARSHIP RECIPIENT APPLICATION.**
- * *If a scanned signed documents are uploaded from this online submission. Please ensure all physical payments/checks are received to VSNC Inc. by August 25, 2014.
- * *All registration fees are non-refundable- however, if a recipient cancels their opportunity to attend the VSNC conference- the Donor/Sponsor may substitute another candidate by submitting another application with the replaced candidate by August 25, 2014. Please specify change on application- see section on recipient cancellation.
- * *The recipient will be contacted to confirm conference workshop choices before August 29, 2014. A confirmation phone call or e-mail will be sent to the recipient.
- * *Any lodging/hotel and or any other accommodations must be handled directly with the establishment.
- * *To help avoid possible miscommunication of cancelation-if possible, please provided a signed documentation of 'Cancelation of Recipient' from the original candidate.
- * *A completed form for the new recipient will need to be submitted before
- * *Youth Recipient's Youth Cafe age (13-18). Youth under 18 should be registered with VSNC Youth Cafe Program or if any youth are not registered with Youth Cafe, they MUST be accompanied by a chaperoning adult.

Note: Thank You for your tax deductible contribution gift. By participating and or completing this Scholarship/Donor Form and or Scholarship Recipient Application; it is acknowledged, that the funding provided is a gift towards a recipients attendance to the 15th Annual VSNC and not to be misconstrued with the VSNC Sponsorship/Exhibit/Promotional Opportunities which is a separate process that allows for some categories to advertise within the 'VSNC Event Program Booklet.' All Lynchburg scholarship donors/sponsors will be recognized by Lynchburg City on the city website under VSNC ~ 'Local Contributors and Sponsors' and or under the heading VSNC ~ 'Local Sponsors and Contributors in the Local Information Pamphlet'. The pamphlet is distributed citywide along to several statewide localities utilizing the online pamphlet download option. See last page footer links to online and download views of the 'Local Information Pamphlet and city website www.lyncburgva.gov/vsnc2014

Referring organizations that would like to be listed as a referral agency. Please contact Dana Horne by phone: 434-455-3922- Via e-mail: please label subject line- SCHOLARSHIP AGENCY to dana.horne@lyncburgva.gov

VSNC TAX ID#26-2826552

SCHOLARSHIP DONOR/SPONSOR FORM

Choose Donor/Sponsor Category

Name: Private/Individual Donor/Sponsor

**Complete Private Donor Line

**Complete Recipient Application Below

Name: Corporate Donor/Sponsor

**Complete Corporate Donor Line

**Complete Recipient Application Below

Contact Name

Business Name

Street Address

Street Address Line 2

City

State

Zip Code

E-mail Address

Day Phone Number

Evening Phone
Number

Contribution
Amount

Check
number

Name on Check

Thank You for Your Contribution!

Special Instructions or Comments

Date

Scholarship Recipient Selected by Donor

Is This a Cancellation of Recipient or Recipient Change? (Deadline for Recipient Change Aug.25,2014)

If YES - List Canceled Recipient Name, Address, Contact Phone, Contact E-mail, Check Number from donor/ application form, and Date

Yes

No

Recipient Street Address

Recipient City

State

Zip Code

Recipient E-mail Address

Day/Evening
Phone Number

Age of
Recipient

Signature of Donor

Signature of Recipient (if applicable)

Prefer online submittal with printed signature

Yes

No

Prefer online submittal with printed signature

Yes

No

PLEASE MAKE CHECKS PAYABLE TO:
VSNC Inc. P.O. Box 6303, Roanoke, VA
Your Gift is Tax Deductible VSNC TAX ID#26-2826552

Important: Please include name of recipient(s) on check memo line

How Did You Hear About the Conference

	E-Mail Notification	The City of Lynchburg Web site	Virginia Statewide Neighborhood Conference Website	Word of Mouth	Other
Choose					

**VSNC LYNCHBURG SCHOLARSHIP
RECIPIENT APPLICATION**

Name of Scholarship Applicant Age of Applicant

Street Address

City State Zip Code

Email Address

Day/Evening Phone Number

Which Neighborhood Watch and or community organization are you representing?

Explain why you are applying for the VSNC Lynchburg Local Recipient Scholarship?

*****Will you be available for two (2) days on Thursday, September 18, 2014 from 11:30am - 5:00pm. Included with conference 6:00pm - 8:00pm is a Masquerade Dinner and Friday, September 19, 2014, 7:30am to 5:00pm. A local mobile tour or on-site workshops are included? Please explain if you are not able to attend the full conference in 50 words or less.**

See VSNC Local Informational Pamphlet or visit www.lynchburgva.gov/vsnc2014 and www.vsnc.org for detailed itinerary (sites are continually being updated- workshops offering will be posted by June)

How did you hear about the scholarship?

Who is your referral agency or organization- Include name of contact and correct phone number.

Occupation

Are you a Student?

If yes, which College or University? Are you full or part time.?

Do you acknowledge the scholarship is for conference fees only. Hotel and other accommodations are not included. Click Yes or No

Yes

No

Do you acknowledge the scholarship is for the conference event for youth ages 13 through adult- and no day care services are provided? Click Yes or No

Yes

No

Do you acknowledge that the scholarship is on a first come first served basis per application. If more members apply as a group there is no guarantee that all applicants will be considered? Click Yes or No

Yes

No

Are you willing to provide volunteer service during the conference? Please fill out a Volunteer Form. Click Yes or No

Yes

No

Date

Signature of Applicant

**Prefer online submittal
with printed signature**

Yes

No

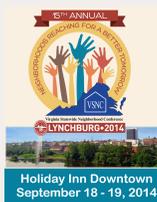
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	E-Mail Notification	The City of Lynchburg Web site	Virginia Statewide Neighborhood Conference Website	Word of Mouth	Other
Choose					

Upload Scanned Signed Scholarship Application Form as Attachment

VSNC Local Informational Pamphlet

Pamphlet Links Below



[Flip Book Reader](#)
[VSNC Local Informational Pamphlet](#)

[VSNC Local Pamphlet Print-pdf](#)
[Free Download VSNC Local Informational Pamphlet](#)



[Virginia Statewide Neighborhood Conference](#)
www.vsn.org
[vsnc2014](#)

[The City of Lynchburg](#)
www.lynchburgva.gov

[VSNC Conference Website](#)
<http://sidengo.com/>

540-342-2763

Contact: Dana Horne 434-455-3922