



2021-2022
SOAR Virginia® Enrollment Form



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









Student Information				
First Name		Middle Initial	Last Name	
Social Security Number ²	Gender (please check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		Citizenship Status (please check one) <input type="checkbox"/> Legal U.S. resident <input type="checkbox"/> U.S. citizen	
Date of Birth / /		Mailing Address	City	State VA
Zip		Telephone Number <input type="checkbox"/> Mobile <input type="checkbox"/> Home		
Email Address (Please use a personal email address <u>only</u> . If you do not have one, you may establish one using free providers such as Google, Yahoo, etc.)		() -		
Race/Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to specify				
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did either of your parent(s)/ guardian(s) attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or anyone in your family eligible to receive free/reduced school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No				
School Information				
SOAR Virginia Advisor Name		College Access Provider Name	High School Name	
High School Grade Level	Expected Graduation Year		Current Cumulative Enrollment GPA	
Parent Information				
Parent/Guardian Name			Relationship to Student	
Parent/Guardian Mailing Address		City	State	Zip
Parent/Guardian Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile		Parent/Guardian Email Address <input type="checkbox"/> Home <input type="checkbox"/> Work		
() -				

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.

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, university, technical school, or registered apprenticeship program

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

¹Funds from awards are invested in a Virginia529SM Invest529[®] account and involve investment risk, including the possible loss of principal. Funds are intended for use by SOAR Virginia scholars for qualified post-secondary expenses. Throughout the program, funds remain the property of Virginia529 and will be paid to eligible educational institutions on behalf of the SOAR Virginia scholar. Funds may also be applied toward qualified expenses required for participation in an apprenticeship program registered and certified with the Secretary of Labor.

CONSENT TO PARTICIPATE

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. The student's 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.
- I have read all the materials about the SOAR Virginia program found on the SOAR Virginia website at virginia529.com/in-the-community/soar-virginia/, including the following:
 - SOAR Virginia Privacy Policy (https://www.virginia529.com/uploads/files/va529_soar_privacy_policy.pdf?v=1487194794)
 - 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. I give permission for my student to visit virginia529.com/ to review the awards, growth, distributions and current balance of his/her account. I release Virginia College Savings Plan (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 Virginia529 and the school listed above to disclose to each other personally identifiable information the student, and any other information necessary to ensure 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 eligible post-secondary education expenses. I understand that SOAR Virginia funds remain the property of Virginia529 and will be paid only to eligible educational institutions on behalf of my student.
- I understand that if my student intends to use funds from awards earned towards qualified expenses required for participation in an apprenticeship program registered and certified with the Secretary of Labor, he/she must provide an executed copy of their apprenticeship agreement to Virginia529 for verification before funds can be distributed.
- 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 eligibility requirements.
- By signing electronically below, we certify that we have read and understand all SOAR program documents, consent to participate in the program, and that the information provided on this form is true and complete to the best of our knowledge.

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

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

Electronic Signature Disclaimer - By signing our names electronically, we are agreeing that our electronic signature is the legal equivalent of our manual signature on this enrollment form.

Media Clearance (Optional)

By signing electronically, 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: _____

By signing electronically and entering your student's mobile number, you agree that Virginia529 may send your student text messages related to the SOAR Virginia program. Texts are auto-dialed and standard text message rates apply. Reply STOP to cancel.

Parent/Guardian Signature: _____ **Student's Mobile Number:** _____