

VVA 333 Post Secondary 529 Funding Program

Application

To be completed and returned to the Chapter during the application period, April 1 – June 7.

1. Members Name: _____
2. Do you have any Grandchildren (as defined above in the Background Section) whom you wish to nominate to participate in VVA Chapter 529 funding program? Yes ___ No ___
3. How many Grandchildren are you submitting for consideration? _____
4. What are the ages of each Grandchild you are nominating?

5. For each Grandchild you are nominating, please list the Grandchild's name, age, 529 Account Holder, and the 529 Account information:

<u>Name</u>	<u>Age</u>	<u>529 Account Holder</u>	<u>Institution and Account Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use page 2 for additional candidates