



University ID #: \_\_\_\_\_  
or

Print Student's Full Name: \_\_\_\_\_ Student's Social Security #: XXX-XX-\_\_\_\_\_  
(Required – Last Four Digits)

**Complete the following questions in the space provided:**

1. Explain how a laptop would be used to benefit your academic life and meet your educational needs.

2. Do you have special needs or circumstances you would like the Committee to consider in reviewing your application?

3. Do you currently own or have access to a computer? If yes, indicate the type of computer and year of purchase. In addition, please explain how you are currently using the computer.

**Note:** Ownership or access to a computer will not automatically disqualify you from consideration.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE – MAY 15, 2009**

The Laptops for Students Committee will select recipients of the laptop program and mail eligibility letters to selected recipients by July 1, 2009.

**Mail:**  
Student Financial Services  
P.O. Box 400204  
Charlottesville, VA 22904

**Hand Deliver:**  
Student Financial Services  
Cavalier Central/Carruthers Hall  
1001 N. Emmet Street

**FAX:**  
434/924-7636