

Application for Financial Aid

TechFire Robotics of York (TROY) makes every effort to award financial aid when circumstances require it. The TROY board reviews each application in confidence and makes award decisions based on the information you provide in this application.

Please note that financial aid applications require submission of the first page of a parent's most recent 1040 US Tax Form showing Adjusted Gross Income (AGI) <u>OR</u> proof of qualification and/or participation in the Federal Free or Reduced Lunch Program.* Financial aid decisions cannot be made without the required information.

Financial aid applications must be received by **December 1, 2015**. Forms can be sent or emailed to the address below:

TechFire Robotics of York Attn: TROY Finance Committee 20 Hunt Run Dr. New Freedom, PA 1734 cathy@techfire225.org

APPLICANT INFORMATION							
Student Name:							
Home Address:							
City:							
Student Email:							
Parent(s) Name:							
Parent Email:							
Parent primary phone:							
If the student does not reside with	both paren	ts, please indica	ate with who	m the studer	nt resides:		
DISCLAIMER AND SIGNATURE							
By signing below, we are stating that the information outlined above is accurate, and that the amount of financial assistance we are requesting is necessary in order for the applicant to participate in this program. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed.							
Student Signature:							
Parent Signature:							

FINANCIAL REQUEST INFORMATION				
Program Name:	FRC Team 225 TechFire—2016 Season			
Student Registration Fee Waived: \$100		+	\$	
Travel Costs for 3 Competitions (not including World Championship): \$330*			\$	
*\$330/student for the season based on: portion of hotel room (4 nights @ 40/night), per diem for food (7 days @ \$20/day)				
Total Amount Requested: =			\$	

What are the reasons for requesting these funds? Please note any extenuating financial circumstances (medical, job loss, unusual expenses, etc) or significant family expenses, including college or day school tuitions.

ADDITIONAL REQUIRED INFORMATION (PLEASE INCLUDE ONE OF THE FOLLOWING)				
Proof of Qualification and/or participation in Federal Free or Reduced Lunch Program*				
Parent IRS Form 1040				

^{*}Examples of acceptable proof include, but are not limited to, a copy of notification of eligibility, letter from cafeteria manager, or any other documentation noting qualification.

FOR OFFICE USE ONLY						
Date received:		Received by:		Financial Aid Amount	\$	
Reviewed by:		Approved by:				