

Financial Assistance Application

Inspiring Future Engineers Youth Programs

FINANCIAL ASSISTANCE FORM Summer 2019

If you wish to be considered for financial aid, please complete the following information.

CAMPER(S) INFORMATION:

Camper Name	Birthdate	Age as of 7/15/2019
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Camper Name	Birthdate	Age as of 7/15/2019

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Total Number of dependent children and ages: _____

FINANCIAL INFORMATION

Monthly income after taxes \$ (all supporting parents/guardians) _____

Total Monthly Expenses \$ _____

Tuition *Circle one:* Half-Day Session (\$190) Full-Day Session (\$330) Full-Day+ Session (\$360)

Amount you can pay toward Inspiring Future Engineers Summer Program: _____

Tell us more. Please attach a letter stating your need, providing any additional information that may be relevant, and/or explaining any circumstances that were not included on this form. (500 words max).

SIGNATURES

I/we declare that the information reported on this form, to the best of my/pour knowledge and belief, is true, correct, and complete.

Signature of Parent or Guardian _____ Date _____

Please submit a completed copy of this form to imhall@ifewny.com