

Program Application Packet



210: RoboCup Jr. June 2-6

Student's Name: _____

This program requires the applicant to submit by mail the following items:

- 1 - A completed General Information Packet (GIP)
 - Student Information
 - Student Expectation Contract
 - Teacher Recommendation Form in sealed & signed envelope
- 2 - A current grade report from Fall 2007
- 3 - This page (Program Application Packet - PAP), with a \$15 non-refundable application fee (check or money order) for this program only.
- 4 - Optional: Financial Assistance Applicant's must submit the form included in the PAP and provide requested documentation.

A completed application does not guarantee acceptance to this or any program. Your application will be reviewed and you will be notified within six weeks.

Application Deadline: Postmarked by April 25th

Mail all paperwork to:
CEISMC - Student Programs
Attn: Program Coordinator
760 Spring St. NW Suite #102
Atlanta, GA 30308

Attach \$15 non-refundable application fee for this program.
(check or money order only - no cash)

Financial Assistance Form

Limited financial assistance is available for students who meet financial need requirements and who otherwise could not attend. Requests for financial assistance are based on need and the availability of scholarship support. All financial information will be kept strictly confidential and applying for assistance will in no way affect the evaluation of your child's application. Please complete the Financial Assistance Form and submit it with supporting documentation with your completed PAP. Incomplete applications will not be reviewed.

Student Information (please type or print)

Last Name _____ First Name _____

Eligibility

To be **eligible** for financial assistance one of the following guidelines must be met:

- A. Student is on the free or reduced lunch program at school. Please provide copy of award letter.
 - B. Student lives in a family with an income of less than \$35,000 per year. Please provide a copy of 2007 tax return or W-2 form.
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Financial Assistance Request

I am requesting Financial Assistance for _____ (Program Name).

We meet _____ A _____ B (check one) of the guidelines above.

I am requesting \$ _____ towards summer program tuition.

Parent's/Guardian's Signature _____ **Date** _____

Please attach a copy of letter from school cafeteria indicating free/reduced lunch status, tax form or other confirming document. Financial assistance cannot be awarded without supporting documentation.