TRRA SCHOLARSHIP APPLICATION

TRRA awards scholarships based on ability to pay; all information gathered will be held in strict confidence.

Purpose (check one):					
O Team dues					
O Travel stipend					
O Summer camp					
O Other (specify):					

Eligibility Guidelines and Application Process

- Scholarships are awarded based on specific individual and family circumstances and TRRA budget constraints.
- All scholarship recipients must contribute a minimum of 20% of the program cost.
- Applications are due to TRRA by the first day of practice, the first day of the program, or at least 10 days before travel for a race.
- Applications are reviewed by the TRRA Executive Director and decisions will be communicated within 7 days of receipt of the application form.

Applicant Information

Name:		Age:		
Date of Birth:	Gender:	Ethnicity:		
Address:		City:		
State: Zip:	Phone:	Email:		
School:			Grade:	
Has applicant participated Parent/Guardian Informat		ast 2 years? If so, wha	t years and programs?	
		Phone:		
Address:		City:		
State: Zip:	Email:			
How many people live at th	ne address above?	_		
Total monthly income:* \$_				
(*Include wages, child sunr	aart AEDC SNAD disabilit	u and any other incon	201	

Please list any special circumstances that your family is experiencing that will better help us understand your request for assistance. Use an additional sheet if necessary.

Ability to Pay

TRRA believes that a strong sense of pride and ownership is developed if the financial assistance recipient has contributed to the cost of involvement. Therefore, applicants will be asked to pay a portion								
		ial, as they are specific to						
circumstances. Above the minimum of 20% of the program cost, what is the amount you are able								
and/or willing to pay? \$								
Reference: "Typical" T								
Team dues \$	Summer Camp: \$	Travel, Minor Race: \$_	Major Race: \$					
Signed Statement								
TRRA is fortunate to have donors who support our scholarship fund. Therefore, we feel it is important for you to understand the significance of being awarded a scholarship and that you respect this honor. Failure to do so may mean that future financial assistance is not granted.								
Please read the following and sign if you agree to abide by these scholarship guidelines:								
I hereby certify that the information given on this form is true, accurate and complete to the best of my knowledge. I am aware that if any information that I have provided in this application is inaccurate, financial assistance to participate in TRRA programs may be revoked.								
I further pledge to provide the support needed so that the scholarship recipient can participate to the fullest extent possible in the program. I understand that if the scholarship recipient does not participate fully in the program, future financial assistance may not be granted.								
Signature of Parent/Gu	ardian		Date					
Signature of Scholarshi	p Applicant		Date					
Return completed form	<u>1 to:</u>							
TRRA 300 Waterfront Drive Pittsburgh, PA 15222								
Or via FAX to 412-231-5337. Call 412-231-8772 if you have any questions.								
OFFICE USE ONLY Scholarship amount: \$		Program covered:						
Date:	Approved by:							