2024 Partners for Minorities in Engineering and Computer Science
Student Financial Assistance Request Form

Student’s Name:__________________________________________________________

Home Address: __________________________ Telephone No.____________

__________________________________Cell Telephone No.____________

Student E-mail: _________________________________________________________

Parent/Guardian E-mail: _________________________________________________

School Presently Attending: _____________________________________________

Grade Currently In Today:____

Requesting financial assistance with registration fee this year (check one):

○Partial financial assistance with registration fee needed
  Specify amount of financial assistance needed __________

○Full financial assistance with registration fee needed

________________________________________

________________________________________

________________________________________

________________________________________

Parent/Guardian Signature: __________________________ Date: __________