



## **Due West Robotics Scholarship Financial Information**

*Please provide the following information for parents/guardians who either live in the home or are paying child support. All information will be kept strictly confidential.*

With whom does the student live?  mother only  father only  both parents  
 grandparent(s)  other relative  legal guardian

Total number of people in student's household? \_\_\_\_\_

Please check the category that best describes your household annual gross income including child support, assistance programs, food stamps, etc.

below \$20,000                       \$30,000 - \$40,000  
 \$20,000 - \$30,000                 above \$40,000

Parent/Guardian 1 Name: \_\_\_\_\_  
Place of Employment/Position: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_  
Place of Employment/Position: \_\_\_\_\_

Are there any other details of your family's financial situation that are pertinent? (e.g. major medical costs due to serious illness, college tuition payments, etc.) If so, please clarify below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your student does not receive a scholarship, are you willing to pay the full team fee to participate?  yes  no

**\*\*\*Please attach a copy of you most recent IRS Form 1040 and a letter of recommendation for the student from a non-family member (teacher, pastor, etc).**

I verify that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature Date