

Mason Math Odyssey Financial Assistance Request

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

Day Phone _____ Email _____

I hereby request financial assistance for:

Child's Name _____ Birth Date _____

Amount I am able to pay for the camp \$ _____

Number of dependents in household _____

Specify any public aid you are receiving. (School information only required if receiving subsidized school lunch program.)*

Food Stamps Subsidized School Lunch Program Subsidized Housing Other None

*School Name _____ School Phone _____

State any other factors you would like to have considered:

I understand that information given on this form will be kept confidential. I understand that the information I provide on this sheet will be evaluated to determine whether or not I qualify for financial assistance.

I understand that all awarding of money will be determined by need and the availability of funds. I will be notified at the earliest possible date as to the decision about my request for financial assistance.

I have answered all questions honestly and to the best of my knowledge. All the information I have provided is true, correct and complete, and I authorize the George Mason University Department of Mathematical Sciences to conduct reference checks for the sole purpose of verifying information.

Parent/Guardian Signature _____ Date _____