

## **TECH-EDGE**

## **Technology and Innovation Summer Program Application for Financial Assistance**

Thank you for your interest in the TECH-EDGE Technology and Innovation Summer Program at Trinity College. To be considered for Financial Assistance, this application must be completed and returned to the Office of Financial Aid by **March 10, 2024**.

Please submit completed applications via email to financialaidoffice@trincoll.edu.

Name:				
Last	First		MI	
te of Birth: Telephone #:				
Month/Day/Year		Including Area Code		
E-mail Address*				
(*Must provide a valid e-mail for	r communications from Offi	ce of Financial	Aid.)	
Home Mailing Address:				
Street	City	State	Zip Code	
Select One:				
I am a Trinity College student. application already on file with the for financial support I am not a current Trinity Colleg form via www.studentaid.gov using Aid for use in determining my eligi	Office of Financial Aid for use ge student and as such have so g school code 001414 to the To	in determining ubmitted my 20	my eligibility 023-2024 FAFSA	
		ancial Aid to a	hana lisaitad	
By signing below, I authorize the financial information with the Tedetermining financial assistance.	ech-Edge Admissions Commi			
 Signature	<del></del>	 Date		