

S	chool name: Middle School High School
So	chool contact (teacher):
St	reet address:
Ci	ty, state, zip code:
Te	elephone: Fax:
E-	mail address:
PI	ease answer the following questions and forward the answers with the completed application:
1.	Explain the course content/philosophy of the technology and engineering program at your school and why you feel your school and students would benefit from having a TSA chapter.
2.	Please describe the economic situation that makes your school eligible to receive funding through the Champion Fund, such as school district funds and/or community financial support are not available or extreme economic hardship. Please provide adequate details to describe the situation.
3.	Should your school be funded, explain a plan for how your school's newly chartered TSA chapter would sustain itself in subsequent years. A future plan for paying membership dues might include a request for funding from a community group or business, or fundraisers to raise dues for membership.
Tc	o the best of my knowledge, the information provided in this application is accurate.
Si	gnature of school principal:
D	ate:

If you have any questions regarding the Champion Fund, please contact Suzy Orr at sorr@tsaweb.org or toll free at 1-888-860-9010.



Return this completed application by mail, fax, or email sorr@tsaweb.org:

Technology Student Association 1904 Association Drive, Reston, VA 20191 Telephone: 703.860.9000 • Fax: 703.758.4852 • TSAweb.org