

Tri-Tech Skills Center

Barrier Fund Application – 2020-21

*****ALL AREAS MUST BE COMPLETED OR FORMS WILL NOT BE PROCESSED*****

The barrier reduction program is for the purpose of providing assistance (when funds are available) to eliminate a barrier that would inhibit a student's success in an educational program. Barrier funds may be used to pay for program uniforms, personal protective equipment, immunizations, transportation assistance, food handler's card, program specific kits, and other approved expenses. Barrier funds may not be used for registration fees, leadership organization dues, or expenses that are not required for attendance in a Tri-Tech program. **Students must qualify for Free/Reduced Meals program to be considered for Barrier assistance. Please attach a copy of your free/reduced meals notification letter if available.**

Student Name _____ Date _____

Address _____
Street City State

Phone Number _____ Date of Birth _____

Home High School _____ Grade _____ Age _____

Tri Tech Program & Instructor _____ AM ☐ PM ☐ Other _____

Family situation and financial need: _____

Provide a **detailed breakdown** of how monies will be used (include sizes if applicable): _____

Amount requested \$ _____

I hereby give permission for Tri-Tech office personnel to verify with my student's home school that the above information is correct and my student's Free/Reduced Meals eligibility.

Parent Signature _____

Date _____

Student Signature _____

Date _____

(Do not write below this line – Tri-Tech info only)

Tri-Tech Instructor Signature _____

Tri-Tech Barrier Coordinator Signature _____

Verified Free/Reduced Meals: Yes ☐ No ☐ _____ Initials _____