

Please download this form and use [Adobe Reader](#) to sign and return it electronically or you may print the form and email to uspas@fnal.gov or fax to 630-840-8500.

**US Particle Accelerator School
Financial Aid Request Disclosure Form**

To be filled out by applicant's advisor/supervisor.

This form must be submitted on a yearly basis or when applicant support status changes.

A letter of recommendation is also required.

Need-based USPAS financial aid is granted on an available-funding basis to qualified individuals who are actively enrolled as a student or in early career status (within 5 years of last degree) at the time of their application. Individuals associated with or supported by institutions that are part of the USPAS collaboration ([see membership list here](#)) are generally not eligible because of an agreement by collaboration member institutions to support their students and employees to attend the USPAS. If project or grant funding is available to support an applicant, that funding should be applied in preference to requesting the USPAS financial aid. This allows for limited USPAS finances to be applied to maximize session enrollment for the benefit of the Accelerator Science and Technology community.

Applicant

Family name: _____ First name: _____

Present university, college or institution: _____

Advisor/Supervisor

Name and title: _____

Affiliation: _____

Relationship to applicant: _____

Applicant Support

Please specify any applicant project affiliation or support being received from USPAS collaboration member institutions ([see membership list here](#)) and detail extenuating circumstances if any collaboration linkages should not preclude eligibility (*space is not limited*):

Please disclose any existing project or grant funding available from any source (lab programs, DOE and NSF grants, international programs/grants, etc) to support the applicant to attend the USPAS and specify any extenuating circumstances if this funding cannot be applied (*space is not limited*):

Signature: _____

Date: _____

SUBMIT