TE Connectivity Sponsored Robotics Grant Application

Teacher's Name: _____

Teacher's email address: _____

Grade Level(s) of Team: _____

School:_____

School Address:_____

_____

Full Name of Each Team Member:

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

Total Amount of Funding Requested (Note: The maximum is $500 for an existing team or $1000 for a new team) : _____

The money will be used to support: _____ a new team or _____ an existing team.

The funds will be used in the following way: _____

_____

_____

_____

_____

Is a TE employee currently involved with your team?   _____ Yes   _____ No

Would you be interested in having a TE employee work with your team? _____ Yes _____ No