

2015 High Ability **Stipend Waiver Form**

Participant's Name: _____

Participant's G-number:	
uccessfully complete the program. Th	ill be given to all High Ability participants that hese stipends are provided by the Center for and Technology (CMAST) through a grant funded
Check one:	
• •	ndance for the 2015 High Ability program lat the conclusion of the program.*
 I will apply the \$200 stipend to High Ability program. 	wards my cost of attendance for the 2015
Participant Signature	Date
Parent Signature	Date

*The stipend is forfeited if you are dismissed from the program prior to July 31, 2015.