

**2006 Teacher Scholarships
for Professional Development**

Applicant Information Form

This page **must** be the first page of **each copy** of the application packet. **Staple** (in the upper left-hand corner) all other pages behind it.

Information about the Applicant (Please type):

Name (Mr. Ms. Mrs. Dr.) _____

Home Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Fax (____) _____

E:Mail _____

School _____

School Address _____

City _____ State _____ Zip _____

School Phone (____) _____ School E:Mail _____

Teaching Assignment _____ Grade Level _____

Years at Current Assignment _____ Years in the Classroom _____

Conference or Meeting for which this award would be used _____

Location _____

Dates of the Conference or Meeting _____

Amount Being Requested _____

Identify your principal, superintendent, and school board president. **The signature of each of these individuals is required.** By signing this application, they verify your eligibility in the category for which you have applied and agree to release you to attend this conference or meeting if selected.

Principal's Name

Principal's Signature

Superintendent's Name

Superintendent's Signature

School Board President's Name

School Board President's Signature