

Scholarship Registrant Acknowledgement

Directions: Please fill out the following form. Be sure to include your personal information and the required signatures. Then, scan this document and have it ready to upload for the CASE Scholarship Application process.

Teacher Personal Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
Personal Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

Registrant Section

By signing this document, I acknowledge:

I have read the scholarship application and recognize the importance of this professional development. I understand **the requirements** I must complete leading up to and during the CASE Institute. I am capable of participating in the CASE Institute during the summer.

I understand that all fees will be my sole responsibility and are a part of the remaining registration cost not covered by the scholarship, if awarded.

Billing Contact

First Name:	<input type="text"/>	Last Name:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>		
Billing Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

Registrant Name: _____

Registrant Signature: _____ Date: _____