

Scholarship Administrative Acknowledgement

Directions: Please fill out the following form. Be sure to include your personal information and collect 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"/>
School Name:	<input type="text"/>	School District:	<input type="text"/>
School Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

Administrative Section

By signing this document, I acknowledge:

I recognize the importance of this professional development for my teacher.
 I understand **the requirements** my teacher must complete leading up to and during the CASE Institute.
 I agree to support the teacher by providing release time (if under contract) to participate in the CASE Institute during the summer of 2024.

I understand that the scholarship supports my teacher, not my specific school district. If the teacher leaves the district, the scholarship and the financial cost will follow the teacher.

Principal Printed Name	<input type="text"/>	Superintendent Printed Name	<input type="text"/>
Principal Email Address	<input type="text"/>	Superintendent Email Address	<input type="text"/>
Principal Mailing Address	<input type="text"/>	Superintendent Mailing Address	<input type="text"/>

Principal Name: _____
 Principal Signature: _____ Date: _____

Superintendent Name: _____
 Superintendent Signature: _____ Date: _____