

## 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:		Last Name:			
School Name:		School District:			
School Address:					
City:		State:		Zip:	

### 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 2025.

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		Superintendent Printed Name	
Principal Email Address		Superintendent Email Address	
Principal Mailing Address		Superintendent Mailing Address	

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Name: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_