

ER&D COURSE SCHOLARSHIP APPLICATION

For BCEA Members

NAME _____

POSITION _____

SCHOOL _____

TEACHER WORKING WITH _____

PHONE NUMBER _____

ER&D COURSE _____

DATE COURSE BEGINS _____

Describe how this course will help you in your current position.

How will it impact you and enable you to provide better support to students?

Signature _____ **Date** _____

Return this application to the Juline Kosmicki at Sandstone School
Due two weeks prior to the date the class begins.
This scholarship is provided by an ER&D Grant from MEA-MFT/AFT and School District #2