



THIS SCHOLARSHIP ONLY COVERS THE COST OF THE TRAINING!



SCHOLARSHIP APPLICATION

For Parent to Parent: Teacher Certification Training

** (Only **ONE** Scholarship is available for each Teacher Certification Training!)**

Please submit this application for financial assistance available from the **CHADD National** office for the *Parent to Parent: Teacher Certification Training Class*.

When awarded, this scholarship will entitle you to a:

\$ 200.00 Discount from the Registration Fee for the Teacher Certification Training

(Remaining Fee: \$**50.00**) AMEX MasterCard VISA DISCOVER

Card Number _____ Exp. Date _____ (MM/YY)

Signature: _____

Please those which apply:

Check this box to indicate that my family/individual income...
...DOES NOT EXCEED \$40,000 (U.S.D.) per year.

I agree to teach at least **one** 7 week Parent to Parent class,
...IN PERSON OR ONLINE, per year.

I am a current & ACTIVE member of CHADD.

Even if not accepted, I STILL want to come to be trained.

Name: Mr./Ms./Mrs. _____

Address: _____ Apt # _____

City _____ State _____

By Phone: Cell (____) _____ Home/Work (____) _____

Date/Location of class: October 5-7, 2009, Cleveland, OH

By Email: (Print clearly) _____

Why do I need this scholarship? (*Be specific!*)

*****Awardees will be selected and notified no later than September 1st, 2009*****



SCHOLARSHIP DEADLINE: August 28, 2009

FAX BACK TO CHADD: 301.306.7090

Office Use Only:
Class Attended: _____
Authorized By: _____
Ptd: _____