

# Advancement Award (Scholarship) ENDORSEMENT Application Form

Name:	Primary Subject of Instruction:	Years of Teaching Experience:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Address:	Subject(s) Applying For:	For Committee Use Only:
<input type="text"/>	Advancement Award	<input type="text"/>
<input type="text"/>	For Learning Technologies	<input type="text"/>
Contact Phone:	School:	
<input type="text"/>	<input type="text"/>	
Contact Email:	District:	CACTUS ID/Social Security:
<input type="text"/>	Logan City School District	<input type="text"/>
Current Teaching Assignments:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** PEJEP Committee will be able to best recognize your qualifications for the Advancement Award Endorsement (scholarship) with concise, accurate information.

- 1. Indicate the endorsement you wish to pursue:**  
Educational Technology
- 2. Identify the institution you plan to attend:**  
Utah State University
- 3. Indicate coursework you have completed to date for your intended program:\***

\*Please attach additional pages if necessary.

Public Education Job Enhancement Program

**4. Estimate the tuition, fees, and credit hours necessary to complete your endorsement program:**

<u>Semester</u>	<u>Number of Credit Hours</u>	<u>Estimated Tuition and Fees</u>
Spring 2008	3	\$ 834.00
Summer 2007	12	\$ 3336.00
Winter 2007	3	\$ 834.00
	Total	\$ 5004.00

**I understand that the Advancement Award (scholarship) is subject to the terms listed in the Advancement Award Contract. If I am offered an Advancement Award, and decide to accept, I agree to abide by the terms of the contract, complete my academic program in a timely manner, and fulfill the four (4) year teaching requirement thereafter. I also certify that the information I have provided in this Advancement Award application is accurate.**

**Signature**

**Sponsoring Principal:**

\_\_\_\_\_  
Name: Please Print

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature

Sponsoring Superintendent or His/Her Designee:

\_\_\_\_\_  
Name: Please Print

\_\_\_\_\_  
District

\_\_\_\_\_  
Signature

**Superintendent or His/Her Designee Comments:**

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