



Strength Through Collaboration

Teacher Education Fund
Currently Practicing Teacher Matching Grant Application

2011/2012 School Year

NB: A letter from your school confirming its intention to provide matching funds must accompany this application.

Date: _____

First Name: _____ Middle Initial(s): _____ Last Name: _____

SSN/SIN: _____ E-mail: _____

Address:

Street _____ City _____ State/Prov _____ Zip/Postal _____

Phone Number: _____ Cell Number: _____

Institute Attending: _____ Program Attending: _____

Expected Graduation Date: month _____ year _____ Expected Teaching Area: early childhood _____ grades _____ high school _____

Currently employed at (Waldorf School): _____ Position: _____

1. Give a brief account of your employment and educational background.

2. Describe briefly any past involvement with Waldorf education and anthroposophy.

Please sign and return this form to your Institute's representative, who will forward it to AWSNA.

- *By my signature below, I consent to having my tuition account and financial data shared confidentially among AWSNA, the teacher education institution in which I am enrolled, and the Waldorf school of my employment.*

Applicant's Signature _____

For use by Teacher Education Institute:

| |
|---|
| <p>Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Decline Amount Recommended: \$ _____</p> <p>Comments: _____</p> <p>Signature of Institute representative: _____</p> |
|---|

For use by AWSNA:

| |
|--|
| <p>Date Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Declined Amount Approved: \$ _____</p> |
|--|