



Dear Directors/Training Coordinators:

Please use this form to facilitate the processing of the multiple CDA Assessment Fee Scholarship applications typically sent to T.E.A.C.H. by your organization. Please include the following information: Contact Name, Contact's Organization, Phone Number, Fax Number, E-mail Address, and Date by which you wish to receive vouchers. Please include the completed form with the packet of applications sent to T.E.A.C.H. OHIO. Please include any special instructions for the T.E.A.C.H. scholarship counselor.

Application processing can be facilitated by the reception of **complete** applications. This means having applicants respond to **all** questions, including the number of dependents (frequently missed question). Application processing is delayed while applicants are contacted for missing information. Please include all requested documents with each application.

Please provide the following information

Contact Name:

E-mail Address:

Phone Number:

Fax Number:

Organization:

Date you wish to have voucher letters:

Print names of applicants					
1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.
13.	14.	15.	16.	17.	18.
19.	20.	21.	22.	23.	24.
25.	26.	27.	28.	29.	30.