



Region 12 Initial Application for ACSA Academy/Institute Scholarships

Submit this request to acsareg12@gmail.com for approval prior to completing an Academy/Institute

Applicant's Name:

Email:

Submission Date:

Please read and type your initials in the box verifying your understanding of the following requirements.

_____ I understand that scholarships are not guaranteed and are based on responses on this application and on funds available in R12.

_____ I understand that I must pay the full cost of attending the Academy/Institute to state ACSA and that after approval by the region, my scholarships funds will not be released until I have provided proof of payment to state ACSA submitted to region Executive Director and Consultant at acsareg12@gmail.com.

_____ I understand that upon completion of the coursework, I will be expected to provide a brief written summary of my experience and what I learned through the coursework via the Follow Up ACSA Academy/Institute form also found on the region website and submitted to the region gmail address.

Title of Academy/Institute:

Instructors:

Location:

Session Dates:

Tuition Cost:

Why do you feel this topic relates to your career goals as an administrator? Briefly explain your interest in this specific course. Comments must be confined to the space below.