

CTA 64TH ANNUAL CTA/NEA GOOD TEACHING CONFERENCE

FEBRUARY 6-8, 2015
FAIRMONT HOTEL, SAN JOSE

SCHOLARSHIP APPLICATION Santa Clara County Service Center Council Scholarship for First- and Second-Year CTA Teachers

Please print clearly using a fine point black pen. Incomplete and illegible applications CANNOT be processed. Email your questions to aanderson@cta.org BEFORE returning this form. Complete this form in its entirety; ALL FIELDS ARE MANDATORY.

Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Gender: _____

Personal Email: _____

District or Chapter: _____ Grade Level: _____

Are You a First-Year Teacher? or Are You a Second-Year Teacher?

Number of Times You Have Attended the Good Teaching Conference: _____

➤ CHAPTER PRESIDENT'S
SIGNATURE VERIFYING CTA
MEMBERSHIP:

Your chapter/local
president's signature is
mandatory. If you are
uncertain how to contact
the president of your local,
email aanderson@cta.org.

CHECK ONE BOX ONLY:

I live 35+ miles from the hotel and I prefer to share a room at the San Jose Fairmont; I will be reimbursed hotel costs of \$54.50 plus taxes per night for two nights. My credit card info is below.*

Name/Chapter of Requested Roommate: _____
If not specified, a roommate will be assigned.

I live 35+ miles from the hotel and I prefer a single room at the San Jose Fairmont; I will pay the additional \$54.50 plus taxes per night for two nights. My credit card info is below.*

I live less than 35 miles from the hotel and/or do not need a room. I will be reimbursed for valet parking at \$13/day + mileage at the then-current IRS rate.

*Your Credit Card No. is required for us to make your hotel reservation; all information will be kept confidential and subsequently destroyed. You will be asked to present your credit card upon check-in. If you do not list a Credit Card No., no hotel reservation will be made for you.

Credit Card No.: _____

Credit Card Type: _____ Exp. Date: _____

This scholarship includes the \$185 registration fee. However, do not register yourself until we notify you: **All applicants will be emailed by January 9.** At that time we will give you instructions on how to register and how to submit the registration invoice to us.

SEE ACCOMPANYING LETTER FOR
ADDITIONAL INFORMATION.

RETURN THIS FORM BY TUESDAY, JANUARY 6, 2015, VIA MAIL TO:

CTA/SCCSCC
4810 Harwood Road, Suite 100
San Jose, CA 95124
or via email: aanderson@cta.org
or via fax: (408) 266-7893

BEFORE YOU RETURN THIS APPLICATION:

- Has your chapter president signed this?
- Did you include your credit card info if you want a room?
- Are all blanks filled out completely and the correct boxes marked?