Educational Grant Application School Year 2023-2024

Please complete the following information and submit your application to Ms. Pam Miller, pmiller@archphila.org

| Last name, first name, middle initial |
|---|
| |
| Home Address |
| Home Address |
| |
| Phone |
| |
| 2022-2023 School where Assigned |
| |
| |
| System Seniority (number of years) |
| |
| Degree or Program for which you seek an Educational Grant |
| |
| |
| College/University |
| |
| Course Title |
| |
| Start Date |
| |
| End Date |
| |
| Tuition Cost Per Course |
| |
| |
| Course Title |
| Click here to enter text |
| Start Date |

Click here to enter text

End Date

Click here to enter text.

Tuition Cost Per Course

Click here to enter text.

If the application is for the Praxis Exams, indicate which Praxis Exam(s)

Click here to enter text.

If the application is for the Praxis Exams, indicate your Pennsylvania Instructional Certificate Type and Date Issued

Click here to enter text

If the application is to convert a Level I PA State Teaching Certificate to a Level II PA State Teaching Certificate, please identify the subject area(s) for which this certificate is being issued.

Click here to enter text

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