

# COLLEYVILLE HERITAGE HIGH SCHOOL PTSA 2007 – 2008 TEACHER SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ email \_\_\_\_\_

Subject(s) taught \_\_\_\_\_

Amount of scholarship requested \_\_\_\_\_

Are you a member of the CHHS PTSA as of October 15, 2007? \_\_\_\_\_

Will you receive funds thru GCISD or other sources for this program? \_\_\_\_\_

Program title \_\_\_\_\_

Date(s) of Program \_\_\_\_\_

Description of program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will you impart the knowledge to the students you serve? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Verifies appropriateness of program to curriculum taught)

Please place completed application in the PTSA Box  
in the CHHS employee mailroom.

Questions?? Contact Sheila Gendron, 817-540-2817.