



CHAPTER/EVENT INFORMATION

Request Date: _____
Chapter/Event: _____
Requested by: _____
Address: _____

Phone: _____ E-mail: _____

Is this check required for a presentation? Yes No If Yes, when? _____

NOTE: Checks will be mailed directly to the academic institution/student recipient with a cover letter recognizing the Chapter/Event and Student Recipient, if applicable. Copies of all correspondence are also mailed to the Chapter/Event Chair for their records.

AWARD INFORMATION

Type of Award: Student Scholarship Type of Institution: University/College
 Student Paper/Poster High School
 STEM Grant Middle School

Amount of Award Check (*increments of \$500 preferred*): \$ _____

Name on the Award Check: _____

EDUCATION INSTITUTION INFORMATION

Institution Name: _____
Fed Tax ID (EIN): _____
Contact Name: _____
Contact Address: _____

Contact Phone: _____ Contact e-mail: _____

STUDENT INFORMATION (if applicable)

Name: _____
Student ID#: _____
Address: _____

Phone: _____ Contact e-mail: _____

Attach additional sheets if necessary for multiple awards.
Forward completed request form(s) to James Gaidry, Executive Director, at jgaidry@itea.org.

Check Number: _____ Check Date: _____
Remaining Chapter/Event Award Balance: \$ _____