INTERNATIONAL TEST AND EVALUATION ASSOCIATION
4400 Fair Lakes Court • Suite 104 • Fairfax, VA 22033

Phone: (703) 631-6220 • Fax: (703) 631-6221

EDUCATION AWARD CHECK REQUEST

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** ☐ **Student Paper/Poster** ☐ **STEM Grant**

Type of Institution: ☐ **University/College** ☐ **High School** ☐ **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: $_____