Name _____

School Name _____

District Name _____

Email _____

Teach CS: Computer Science 8-12 Certification Incentive Program

Assurances: All applicants must read the following statements, initial each section, sign and date this form and return it prior to the application deadline:

_____ I understand that submissions of false or misleading information on the application may disqualify me from receipt of any reimbursement and require me to repay any funds that are awarded to me based on false information.

_____ I certify that to the best of my knowledge the information I provided on the online application for the Computer Science 8-12 Certification Program is correct.

_____ I understand to be awarded funds from the Computer Science 8-12 Certification Program, upon successful completion of certification, I will submit necessary documentation of testing and certification as well as current employment documents to receive the one-time stipend.

_____ I do not currently hold a Computer Science 8-12 or a Computer Information Systems certification NOR have I tested for and received Computer Science 8-12 certification before 8/1/15.

_____ I agree to provide all required information and participate in a follow-up survey in August 2016.

Signature: _____   Date: _____