



# National Board Certification Scholarship Award Application

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zipcode:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_

**Years Teaching Experience:** \_\_\_\_\_

**School Where Employed:** \_\_\_\_\_

**Type of Certificate Sought:** \_\_\_\_\_

**Specialty Area (if applicable):** \_\_\_\_\_

**When You Hope to Begin NBC Candidacy:** \_\_\_\_\_

**When You Hope To Complete NBC:** \_\_\_\_\_

**Do You Have Your Principal's Support:** \_\_\_\_\_

I am applying for funds to cover the non-refundable registration fee of \$300

I am applying for funds to cover the cost of retake fee of \$300

**Please attach a copy of your paper application or a hard copy of the first two pages of your online application**

Please return your application to:

**The Decatur Education Foundation, Inc.  
320 N. McDonough St.  
Decatur, GA 30030**

**If you have any questions, please contact us at 404-370-4400 ext. 28.**