



Teacher Associate of the Year *Associate Scholarship*

Please provide your name and information

Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Primary Phone: _____ Email Address: _____

School: _____

Please provide the name of the associate you are nominating:

Please Include:

- A detailing of your associate's commitment, love of children, and any other pertinent information
- Letters from other educators and/or parents
- Please include information about yourself and why your associate deserves this award.

Instructions:

- If you will be submitting your scholarship application via postal mail, print this coversheet for your application. (Note: If you choose to submit your application online at peiowa.org, you do **not** need to submit a hard copy via mail.)
- Scholarship application must be postmarked by **April 1st**.
- Mail your completed application to:

Professional Educators of Iowa
Attn: Scholarship Committee
974 73rd St. Suite 30
West Des Moines, IA 50265

Contact the PEI office with any questions at info@peiowa.org or 515-221-2330