

Dale Battle Conference Scholarship Application

Name		
Address		
City and Zip C	Code	
Phone Numbe	er	TAEA Number
School		
City		
Submit: Attach a perso	onal statement regarding your v	ision of being an art educator.
l certify that al	l information on this application	is correct:
Member Signa	ature	
campus, and		year art educator working with students daily on my oport his/her professional development goals of ation Annual Conference.
Administrator	Signature	
This applicatio	on must be postmarked or elect	ronically submitted by October 1, 2017.
Send To:	TAEA Headquarter 14070 Proton Road Suite 100, LB9	

Or email to TAEA Headquarters at info@taea.org.