

**SOUTH CAROLINA TEACHING FELLOWS  
REQUEST FOR FUNDS: SOPHOMORE EXPERIENCE**

(Please Print Or Type)



<b>FUNDS REQUESTED</b>	
Teaching Fellows Institution:	
Number of Teaching Fellows Expected to Participate ( <b>Attach a List of Names</b> ):	
Total Amount Requested (Number Participating x \$300):	
<b>Please attach a summary of how the funds will be spent.</b>	
<b>EXPERIENCE INFORMATION</b>	
Date(s) of Sophomore Experience:	
Description of Sophomore Experience:	
Which of the following Program commitments does this experience address (check all that apply):	
<input type="checkbox"/> Enhancing the image and esteem of the teaching profession through advocacy <input type="checkbox"/> Exposing Fellows to innovative and effective teaching practices and educational systems <input type="checkbox"/> Working in partnership with public schools to train pre-service teachers <input type="checkbox"/> Helping Fellows recognize and develop leadership qualities <input type="checkbox"/> Promoting an understanding of and respect for diversity <input type="checkbox"/> Establishing an inclusive culture among members of the program	
Provide a brief description of how the experience will address the commitment(s).	
<b>VERIFICATION</b>	
The above information reflects the planned Teaching Fellows Sophomore Experience at my institution. All costs have been correctly estimated. I understand that the \$300 per Sophomore Teaching Fellow sent to my institution must be used to cover the implementation of the Fellows' expenses for this experience. Any unused funds should be returned to CERRA to ensure that the student's account is credited and reflects an accurate balance of funds received.	
Signature of Campus Director:	Date:
<b>RETURN FORM TO:</b> CERRA * Attn: Teaching Fellows Program * Stewart House at Winthrop University * Rock Hill, SC 29733 Phone: 803-323-4032 * Fax: 803-323-2339	
CERRA Representative Approval:	Date: